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ON THE VAGINAL, OR DEEP BURSÆ MUCOSÆ.

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My former paper[1] had for its object an examination into the nature of the superficial or subcutaneous bursæ, to show in what respect they differ from all other structures, and more especially from the deep or profound bursæ. My present object is to consider the nature of the deep bursæ. By deep bursæ mucosæ, I mean the synovial membranes, usually vaginiform, interposed between two or more tendons, between tendon and bone, or between tendon and ligament, for the manifest purposes of protecting the structures from the injurious effects of friction, and of facilitating motion.

In the upper extremity, where we have chiefly to deal with morbid conditions of these bursæ, the synovial membrane extends downwards as far as the distal insertion of the tendons, and upwards for some distance beyond the fibrous sheath. Each tendon is covered by a reflexion of this vascular membrane, and is loosely attached in the whole, or in part, of its course, to the walls of the canal, by a fold similar to the mesentery, and called meso-tendon. These folds limit the movements of the tendons in a slight degree: they may be torn by some violent movement, and are occasionally the seat of disease.

Anatomical Arrangement. Upon the dorsal surface of the wrist, there are distinct sheaths,—1. For the extensor carpi ulnaris; 2. For the extensor minimi digiti; 3. For the extensor communis digitorum and the indicator; 4. For the extensor secundi internodii pollicis; 5. For the two radial extensors; and, 6. For the extensores ossis metacarpi et primi internodii pollicis. Any one or more of these sheaths may become distended, and assume the characters of a bursal swelling. There are also five or six thecal sheaths on the palmar surface, and these are the most frequent seat of enlargement. Enlargement of the bursæ in this situation is a most formidable disease.

[1] London Journal of Medicine, January 1851.

The sheaths of the extensor ossis metacarpi, and of the extensor primi internodii pollicis, and of the extensor carpi radialis longior and brevior, merit special anatomical notice, as they are often affected with morbid changes. The two first, free in their fibrous sheaths, but covered by the same visceral layer of synovial membrane, can only be partially separated; and there are some anatomists who regard the two tendons as divisions of one and the same muscle. The two extensors of the radial side of the wrist are likewise retained in apposition by a common visceral layer of membrane, as far down as their point of separation to their respective insertions. The synovial membrane there leaves the extensor carpi radialis brevior, being continued only over the extensor longior. Throughout their whole course a meso-tendon attaches them to the posterior wall of the sheath.

Along the anterior or palmar surface of the wrist and forearm we have two sets of bursæ; some small, and often overlooked, others of considerable size. The palmaris longus and brevis are each enveloped in loose areolar tissue, abounding in thick serous secretion; and it is easy to comprehend how such a structure would become converted into a complete synovial sac under favourable circumstances. About three months ago, I removed from the hand of a working-man a thick walled cyst, lying between the integument and the palmar fascia, and containing a sort of synovia. It had doubtless been originally a bursa, thickened by the constant pressure of the hand upon the hard iron handle of an immense hammer. The patient described it as originally a small elastic swelling, situated under a part of the hand where the skin had for a long time been very much thickened; as the tumour increased in size, it pained the hand, and, interfering then with his work, made him anxious for its removal.

The tendon of the flexor carpi ulnaris has a large and well-marked synovial sheath, especially loose and sac-like, near its insertion in the pisiform bone.

Finally, there are the general synovial bursæ, which invest the tendons of the flexor muscles of the fingers, and of which many different anatomical descriptions have been given. Fourcroy and Bichat affirm, that there is but one synovial bursa at the level of the carpus. Velpeau and Cruveilhier describe two, one common to the flexor tendons of the fingers; the other proper to the long flexor of the thumb. Monro, Koch, and Bourgery, enumerate a much greater number of bursæ in the anterior region of the wrist.

Some of the deep bursæ communicate directly with the joints. The bursa beneath the crureus muscle belongs to this order, likewise the large bursa below the iliacus and psoas; its frequent communication with the hip-joint is well known. On the other hand, there are some which greatly resemble the cellular bursæ in various stages of transformation towards the perfectly developed bursæ. Of this kind is the extended bursal arrangement around the tendon of the plantaris muscle; another, equally remarkable, is between the middle tendon of the omo-hyoideus and the sterno-mastoid; and a third interposes between the long abductor and extensors of the thumb on the one hand, and the radial extensors on the other.

These structures resemble in many respects the serous membranes, and are yet more closely allied to the synovial, with which, as I have

said, they are not uncommonly continuous. Upon their free surface we find a stratum of epithelium, supported by a basement membrane, and under this is a layer of blood-vessels, which may be filled with injection in a part rendered soft by partial decomposition. The blood-vessels form a net-work many layers thick. No one would suspect the existence of such a number of arterial and venous capillary tubes, from the examination of this structure in its normal condition after death. In many situations are found vascular fringes, first noticed by Havers in the joints, and described by him as the source of secretion of the synovia. They are found along the thecæ of tendons, and in some of the bursæ in the neighbourhood of the knee, and are composed of loops of vessels. Although we may not be able to prove experimentally what tissue secretes, and what absorbs the oily fluid contained in these sacs, yet we may infer, that both processes go on most actively wherever the blood-vessels are most numerous. The vascular part of the bursa seems to cease where the membrane is firmly attached to a bone, as along the phalanges of the fingers.

Symptoms and Pathology of Enlarged Vaginal Bursæ. In using the terms *superficial* and *deep*, I allude, of course, to the primary connexions of these structures, and in no way to the situations which they may subsequently acquire. A collection of fluid, either in the large theca of the flexor tendons of the forearm, or in a sac connected with this membrane, may make its way towards the surface so as to elevate the skin like the pointing of an abscess, and to render it thin and discoloured; and yet we must include this under the head of deep bursæ. The same remark may be applied to the bursa in the neighbourhood of the knee-joint, connected with the tendon of the semimembranosus muscle, which frequently becomes enlarged and projects into the popliteal space.

The clear albuminous fluid, secreted in the healthy state by these structures, undergoes various modifications by inflammatory action. At first it becomes thinner and more sparing than natural, and the part, when examined, communicates to the fingers a crackling sensation. Then it may be more abundant, and cause distension of the sac, attended by severe pain. If this affection be deeply seated, and beyond the reach of surgery, it gives rise to very considerable suffering, and excites symptoms which are not readily understood. If, for example, it occur in the bursa of the tendon of the psoas and iliacus muscles, it may be readily mistaken for incipient disease of the hip-joint. In course of time, the fluid of an inflamed bursal sac entirely loses its oily nature, becomes serous and watery, and is frequently of a yellow, or even reddish-brown hue, from admixture of blood.

But there are sometimes found, especially in the synovial theca of the flexor tendons of the wrist, numerous hard fibro-cartilaginous bodies, like millet seeds, floating loose in the distended sac. They have been improperly called hydatids, but are, in truth, growths from the vascular fringe of the membrane, projecting inwards towards the cavity, and covered by epithelium. As they increase in size, the pedicle connecting them with the membrane is eventually broken by the friction of the parts contained within. We have instances of similar bodies becoming loose in the cavity of a synovial sac, in certain rheumatic affections of joints. The enlarged bursa is not uncommonly

loculated, or divided into partitions by septa or bands. In general, however, the compartments readily communicate one with another.

The most frequent seat of enlargement is the synovial sheath, which invests the flexor muscles of the fingers, and extends from the forearm under the annular ligament to the palm of the hand. When distended by fluid, it produces a considerable elevation, which is often constricted and divided into two parts by the annular ligament of the wrist. The walls, when laid open, are found to be thicker than natural; the lining membrane is rough; the fluid contained within is opaque, yellow, or yellowish-brown, and thick, and it frequently contains those small bodies above-mentioned, which are smooth externally, and often hollow; some, however, are solid, of fibro-cartilaginous structure, and resemble grains of rice in general appearance. The cyst, when minutely examined, is generally found thickened and of fibrous structure; externally it is connected to the parts around by loose areolar tissue. Internally it presents a velvety or roughened appearance, and there proceed from it numerous fringes, of which some are pedunculated. Embedded in these fringes are sometimes those hard white bodies, which are frequently found free in the sac; some of them are elongated and seed-shaped, others flattened and triangular, or round. The smaller are generally solid; the larger contain a cavity. These bodies were described by Dupuytren as hydatids; and the term "hydatiform" has been applied to the bursal swellings about the wrist, under the idea that such parasites were the cause of the enlargement of the sac, and of the collection of fluid. Deviations, both in the quantity and in the consistence of the synovial secretion, may produce a peculiar condition of these fibro-serous canals, which yield upon pressure a crepitating or crackling sensation. This sound may be heard in whatever region of the body fibro-serous grooves naturally exist. It is commonly heard in the region of the shoulder-joint, where it is connected with a morbid condition of the sheath of the long tendon of the biceps flexor cubiti. M. Poultain relates a case, in which these symptoms gave rise to the notion of fracture; and in the *Lancet* for 1836, 1837, the late Mr. Wallace of Dublin mentions a case, where an affection of this kind, in the extensor tendons of the thumb of a young woman, had been mistaken for fracture. The same sound has been heard about the tendons of the hamstring, and behind the internal malleolus in the sheaths of the flexor muscles of the foot; behind the external malleolus, along the course of the tendons of the peronei muscles and those upon the instep, and in other parts.

Although violence is often assigned as the cause of this affection, its origin, in the greater number of cases, is obscure. It is more likely to depend upon the influence of some constantly acting source of irritation than on any sudden injury, and the symptoms which usher it in support this view. At times, indeed, there is at the commencement acute pain, which, however, gradually subsides when the part is at rest, and is excited only upon movement. But more commonly there is little or no pain felt by the patient, until he makes a greater effort than usual, when the attention is for the first time directed to the part. Upon awaking in the morning, the part is stiff, but the stiffness goes off after a little exercise. There is rarely either heat or redness;

the latter is generally secondary, and referable to accidental rubbing and friction. There is always some amount of swelling, the form of which depends upon the natural connexions of the part affected. If the disease occur in the sheath of the extensores ossis metacarpi and primi internodii pollicis, the tumour extends obliquely across the lower part of the forearm, from the ulnar to the radial side. If it affects the radial extensors, the swelling, wider below than above, passes over the inferior and outer part of the broad extremity of the radius. Any anatomist can tell in what groove this affection is situated, by making the patient move under his direction the different muscles of the forearm. In severe cases, the stiffness of the limb, the sensation of weakness, and the pain upon movement, are so considerable, that a man is unable to follow his employment; and, in the higher ranks of society, accomplishments, such as instrumental music, which require great freedom of movement, have to be suspended, or, indeed, entirely given up.

The manner in which these tumours shew themselves, is as obscure as their etiology. Sometimes a peculiar creeping sensation is experienced down the fingers, wrist, and forearm; at other times there is stiffness, weakness, and difficulty of movement. In other cases, it is the tumour which first attracts the patient's attention; and the symptoms above related are felt only at intervals, and after any greater exertion than usual. The shape of the swelling, as it affects the large bursa mucosa surrounding the flexor tendons of the fingers, is variable; sometimes it commences in the palm of the hand, at other times in the lower part of the forearm; and in both instances it soon becomes bound down by the annular ligament. Indolent, and painless upon pressure; fluctuating, and presenting irregular projections, it appears as a bilobed mass, upon which the fingers have an involuntary tendency to close. If the contents be steadily and forcibly squeezed downwards towards the hand, a movement may be communicated to the fingers, along whose thecæ the fluid is pushed. And during this examination, when the fluid is pressed backwards and forwards from one end to the other of the enlarged sac, a peculiar *frottement* is felt, upon which Dupuytren laid great stress as a diagnostic symptom.

The pain and sensation of weakness produced by such a tumour is so great, that the limb soon becomes useless; the fingers are permanently bent, and any attempt to extend them excites a dragging sensation along the entire cyst.

Cases occur, when the tumour is large, in which the ulnar artery and the superficial palmar arch are raised upon the swelling; the radial artery, too, may be separated from the bone, before it turns under the styloid process of the radius. The integument of the palm of the hand becomes thin from want of use, loses its transverse markings and lines; it is elevated into a soft, smooth, compressible swelling, extending, in severer cases, along the flexor surface of the fingers. Continued position of the fingers in this abnormal state, leads to permanent changes in their articulating surfaces, and in the ligaments which unite the bones one to another; hence it arises that in old cases, where the flexion has existed for a considerable time, the evacuation of the cyst, or the cure of the bursal enlargement, does not restore the mobility of the fingers.

Diagnosis of these tumours is not at all times so easy as many surgeons have affirmed. If situated on the palmar surface of the wrist, the bursa is recognised as a fluctuating bilobed mass, the shape depending upon the size of the sac, and the constriction of the annular ligament. But the contents may be of such consistence, that there will be no fluctuation. But the crepitation to which I have before alluded, produced by the passage of the fluid containing the hard grain-like bodies from one compartment to another of a sac, through a narrow orifice, may be taken as characteristic of the nature of the tumour, in connexion with the constriction produced by the annular ligament.

M. Robert, however, has recorded the following case of fatty tumour of the hand, resembling, in many of its physical signs, the affection which we are now describing. [*Annales de Thérapeutique*, tome ii.]

A young man, aged 27, a butcher, was admitted into the hospital, with a tumour of the size of half an orange, situated upon the ulnar side of the palm of the right hand. It was subcutaneous, soft, and elastic, giving a peculiar crackling sensation upon pressure, and lying in front of the flexor tendons: it was trilobed, and deeply grooved. The fingers were slightly flexed upon it. The patient had noticed it first when about twelve years of age. It remained stationary till three years ago, when it suddenly increased in size. After an exploratory puncture, a crucial incision was made, and the skin was reflected back, when a tumour was exposed, composed of two portions set one within the other; the inferior flat, but deeply hollowed in the middle; the other portion of a cylindrical form, lodged in the hollow of the preceding. The second portion was moveable upon the first; and the friction thus produced, communicated to the hand the "crepitating sensation" above referred to.

An important point of diagnosis, rendered more valuable by accurate modern research, is derived from the consideration of the natural connexions of the bursal sac affected by disease. The origin of the tumour, its inclination rather towards the ulnar than the radial side, the effect produced upon the fingers, the free movements of the thumb,—these are points which indicate that the disease originates in the bursa of the general flexor tendons. The circumscribed swelling of the radial side of the hand, the weak condition of the thumb, the inability on the part of the patient to bring it into firm apposition with the rest of the hand, pronounce the bursal affections to be limited to the tendon of the flexor longus pollicis.

Prognosis. Many years may elapse before these tumours acquire any great magnitude. Slow in their growth; often painless; obscure in their origin; they pass unheeded, especially among those whose occupations require neither the exercise of great strength, nor the application of great delicacy of touch. Ultimately, after years of enlargement, they become stationary, but they do not disappear; at least, there is no satisfactory case of the kind upon record. All, then, that we can expect nature to effect, after the establishment of the disease, is the arrest of the further enlargement of the tumour.

As regards the serious nature of these affections, those tumours confined to a single finger, often limited in extent, are less to be feared than those in the palm of the hand, involving the entire bursa, and

requiring the performance of an operation, which, though simple as regards execution, may be followed by dangerous symptoms.

Treatment. It is customary, in the chronic cases, to employ counter-irritants, such as blisters, irritating ointments, etc. The emplastrum ammoniaci cum hydrargyro, spread upon leather, may be applied to the limb, and secured by a firm bandage; the whole to be worn for several weeks. If the fingers are stiff, friction of the limb and passive motion may be resorted to, when the swelling has in great measure disappeared, and the fluid is nearly absorbed. The arm may be soaked and rubbed in a warm arm-bath daily. When the limb is immersed in a heated fluid, much greater force may be used with impunity, than under the ordinary circumstances.

The operations which have been recommended for the cure of these synovial tumours are the following: — Extirpation; incision, either simple or combined with irritation of the surface of the cyst; subcutaneous puncture; and iodine injections.

As regards extirpation, it is extremely difficult, on account of the extent of the connexions of the sac.

I have generally contented myself with making an incision longitudinally through the most prominent part of the swelling, and evacuating the contents. Some amount of inflammation usually supervenes; and the cavity becomes obliterated in the usual manner. But there is a risk of the inflammation proving very severe, and extending along the muscles of the forearm, attended with a high degree of fever and constitutional disturbance. Death has ensued from such an attack; and in other cases, in which the inflammation has been subdued by active treatment, the mobility of the fingers has been permanently impaired.

Case. Maria Hughes, aged 63, thought that she had run a splinter, about nine years ago, into the skin over the palmar surface of the first bone of the right fore-finger. A swelling of the size of a small nut soon afterwards appeared, and continued slowly to increase to a tumour of considerable size, extending from the first bone of the finger along the metacarpal bone. The swelling was very tense, projecting into the palm of the hand, but well defined, and not reaching beyond the palmar region of the fore-finger; the thumb and middle finger were free, and the dorsal surface of the fore-finger was natural. The motion of the fore-finger only was impeded. In August 1850, I made a free incision into the extremity of the swelling over the first phalanx of the finger, and evacuated a wineglassful and a half of concretions of a lozenge shape and size. After evacuating the cyst completely, I placed a compress over the part, and used firm pressure; but severe constitutional symptoms, almost threatening the life of the patient, ensued; the pressure was obliged to be removed, and warm poultices applied. An abscess formed at the other extremity of the swelling, and another at the dorsal surface of the finger. Both were freely opened, and a good deal of pus evacuated. The opening at each extremity of the swelling discharged freely; and after three months the walls of the sac united. At the present time there is a slight thickening in the course of the sheath, and the second and third phalanges are bent backwards. She has but little motion yet of the finger. Mr. Toynbee analysed the bodies which were evacuated from the cyst for me. He says: "The bodies which you sent me consist of gelatinous matter,

enclosed in a very delicate membraneous capsule. Upon microscopic examination, this matter is found to be composed of a homogeneous jelly-looking substance, without the presence of any corpuscles or nuclei. I have frequently examined the gelatinous matter removed from enlarged bursæ at the back of the wrist; and I have found it to have the same composition as the bodies you sent me."

The use of the seton may lead to results difficult of management, and even dangerous to life. The following case, recorded in the *Leçons Orales* of Dupuytren, shows how a fatal result may follow its employment.

Case. A carpenter, aged 35, received (Dec. 1812) a sprain in the right wrist, which healed in a short time without trouble. About two or three months afterwards, he remarked a small tumour in the palm of the hand below the annular ligament, and soon afterwards a second above the ligament: they were at first very small, and but little troublesome. They impeded at first the free exercise of the hand, and afterwards prevented its motion altogether. Being unable to continue at his trade, he consulted M. Dupuytren, June 7th, 1814. From its position, the nature of the tumour was suspected; and examination rendered the point clear. The following day, an incision was made into both tumours, and a multitude of little white bodies immediately escaped. The aponeuroses of the hand and of the forearm were liberated by means of a blunt-pointed bistoury, that there might be no constriction in the event of inflammation. A seton was introduced to inflame the walls of the cyst; and a poultice was then applied to moderate any inflammation that might arise. Severe pain supervened on the evening of the operation. It increased, accompanied with great swelling, on the second, third, and fourth days; a greyish fluid, mixed with flakes of lymph, flowed from the wound. The seton was removed the fifth day. The inflammation extended to the arm, and to the axilla; and constitutional symptoms of the most distressing kind arose on the eighth day; some gangrenous aponeurotic structures were divided. An abscess, which had formed between the first and second metacarpal bones, was opened. Compression expelled a quantity of pus, which had formed sinuses the whole length of the forearm and hand. On the tenth and eleventh days, there were shiverings, with convulsive action of the jaws, lasting about ten minutes. The pus was extremely fetid. There was general weakness, which resisted the most powerful tonics; and death ensued on the fifteenth day from the operation.

This case made a great impression upon Dupuytren, who for the future changed his mode of operation. In place of a simple opening in the most prominent part of the tumour, he made large incisions; and substituted for the seton a piece of lint interposed between the edges of the wound, to prevent their union. Mr. Syme of Edinburgh, impressed with the same fear of constriction in these cases, has recommended the preliminary division of the annular ligament, as was suggested a long time ago by Warner. Mr. Syme has published a successful case in the *Edinburgh Monthly Journal* for October 1844.

Professor Gerdy has successfully practised the subcutaneous incision; and such an operation has much to recommend it, as there is not that fear of the severe inflammation which often attends the exposure of the cyst. The operation should be combined with pressure;

still, though less dangerous, it is also less sure than incision, and there are many cases in which it is impracticable.

Iodine injections have been recommended by Velpeau in the treatment of these bursal enlargements, but many objections have been raised against the practice, on account of the chance of severe inflammatory disturbance. I am inclined, however, to recommend this plan for adoption.

M. Chassaignac has related a case in the *Gazette des Hôpitaux*, in which, after having evacuated the fluid, he injected through a canula, first some warm water to clean out the cyst, and next some tincture of iodine. The cyst was then emptied, moderate pressure upon the walls was exerted by means of a compress, and the opening made by the trochar was properly secured. Some inflammation supervened; but it yielded to treatment, and the case terminated favourably.

An analysis of the cases in which this treatment has been tried is decidedly favourable to the practice, although I am not quite prepared to agree with Michon, that there is less chance of inflammation than of relapse and the re-collection of the fluid. An attack of inflammation of the hand is always a serious matter, often so impairing its movements, as no subsequent endeavours on the part either of the patient or of the surgeon may be able to rectify.

Professor Bouley has demonstrated the superiority of iodine injections over other means of exciting inflammation, and he has succeeded thus in dispersing tumours of large size, without danger or inconvenience. If therefore simple puncture or incision should fail in the first instance, I recommend this practice as far preferable to the introduction of setons and other foreign bodies.

It must not be supposed that the surgeon has effected all his task by the evacuation of the fluid and the obliteration of the cyst. There remains for him to restore the mobility of the fingers, long since become stiff, semi-flexed, and in great part useless. For this purpose he must recommend exercise, passive motion, baths, etc., and by perseverance the hand may again be brought into a useful state.

It is singular that this affection of the bursa of the flexor muscles of the forearm and hand should be rare in the corresponding structure in the lower extremity, more especially considering how the foot is compressed in tight boots, and exposed to constant violence and injury. A case, however, of the kind is related in the *Medical Times*, July 13, 1850. A young lady, aged 20, of slight frame, but in the enjoyment of very good health, consulted Mr. Stanley for a painful swelling of the right foot and ankle. Five years previously, she had been greatly fatigued by a walk of extreme length, and she arrived home much exhausted, but was sufficiently recovered in a few days to go about as usual. From that time, however, the right foot and ankle were weak and painful, and swelled upon her taking the least exertion. About two years ago the swelling became permanent, and the ankle, which was easy when at rest, was so painful when she attempted to walk, that she was obliged permanently to keep the horizontal posture. Every variety of treatment had been adopted without avail; the swelling about the joint increased until the integuments gave way, and there formed an ulcer, whence flowed a thin sero-purulent fluid. There was a large swelling between the tendo Achillis and the os calcis, extending down to the

sole of the foot; part of the swelling was firm, part was elastic, as if containing fluid; the integuments covering it were thinned and livid, and had given way in one spot, exposing a fungous-looking mass of granulations: the movement in the joint was perfect. The limb was removed, and the morbid change was found to be limited to the synovial thecæ, which surround and accompany the tendons of the tibialis posticus and the flexor communus digitorum muscles to the sole of the foot. It was therefore strictly circumscribed and surrounded by healthy structures. The thecæ were thickened: their usual bright synovial surface was converted into a dull, uneven velvety structure, from which was produced a soft growth composed of cystoblasts, and a small quantity of delicate fibrous tissue. This growth made its way upwards between the posterior surface of the tibia and the tendo Achillis, and downwards into the sole of the foot, between the flexor brevis digitorum and the flexor accessorius muscles, both of which were quite healthy. The flexor tendons were unaltered in structure, but were surrounded by the soft growths above described, and by a large quantity of morbid synovial secretion, which seemed to be contained in more cavities than one; for behind the malleoli it was of pale straw colour, and somewhat stringy, whilst in the sole of the foot it was of watery consistence, of red colour from admixture of blood, and contained coagula.

I cannot conclude this paper without strongly recommending those who desire further information on the subject to consult the thesis of M. Michon,[1] to which I am indebted for many of the preceding details.

ON THE INTRODUCTION OF SOLUTIONS OF LEAD INTO THE BLADDER, FOR THE DECOMPOSITION OF PHOSPHATIC CALCULI.

By S. ELLIOTT HOSKINS, M.D., F.R.S.

In a paper which the Royal Society did me the honour of publishing,[2] some account was given of the decomposition of Phosphatic Calculi, by solutions of certain salts of lead, so dilute as to admit of their retention by the living bladder, without irritation or inconvenience.

The adaptation of the principle of double decomposition to the disintegration of vesical calculus, is in strict accordance with chemical usage: it supplies a class of agents, more energetic as regards the concretion, and less injurious to the organ in which it is contained, than any of the uncombined solvents hitherto employed. The *solvent*, no matter how dilute, can only be tolerated for a minute or two at

[1] Des Tumeurs Synoviales de la Partie Inférieure de l'Avant-Bras, de la Face Palmaire du Poignet et de la Main. Thèse présentée au concours pour une Chaire de Clinique Chirurgicale. Par L. M. Michon. Paris: 1851.

[2] Philosophical Transactions, Part 1, 1843.

farthest, and cannot soon be repeated: the *decomponent*, on the contrary, is retained from ten to fifty minutes without discomfort, and may be repeated daily, or oftener if necessary. The cause of this difference is sufficiently obvious: the active agent of the decomponent is liberated gradually, and neutralised by the earthy bases of the calculus, before it can come in contact with the living tissues; whereas the former class of fluids causes such immediate irritation, that their ejection is required before any impression can be made on the concretion. The *base* of the decomponent unites with the *acid* of the calculus, while the acids of the former combine, and form soluble salts, with the bases of the latter. The combined acids are set free in definite proportions, neutralised in their nascent state, and removed from the sphere of action before any stimulating effect can be exerted on the bladder.

The cases which I am about to bring forward, although sufficient to prove the unirritating effect of these decomponents, when thrown into the bladder, are by no means calculated to test the amount of their action on the very concretions which they decompose so energetically out of it. It is not, however, because I cannot cite a host of triumphant cases establishing both points, that the observations I have been enabled to make, as to the mild character of the solutions, ought to be withheld.

Case I. Mr. F., aged 72, a patient of Mr. Coulson, was affected with palsy of the bladder; the urine was occasionally alkaline, and charged with phosphatic deposit. He suffered much from the accumulation of ropy mucus; it often prevented the urine from flowing through the catheter, without the introduction of which the bladder was never evacuated. The instrument, when passing through the prostatal portion of the urethra, was felt to grate over a considerable extent of calcareous matter impacted in the gland. He had experienced mitigation of symptoms, as regarded the mucus, from the injection of very dilute nitric acid; but in consequence of the irritation it occasioned, he could not bear its repetition a third time. Nevertheless, a solution of lead was, from the first, retained for twenty minutes; it produced a soothing effect at the time, and was not followed by the slightest annoyance. It was continued daily, or every second day, for six weeks, and often retained for half an hour. On rejection the fluid appeared milky, contained flakes of coagulated mucus, and yielded a considerable precipitate of phosphate of lead. The eyes of the catheter often contained gritty particles enveloped in mucus, which yielded a sensation similar to that produced by rubbing the pineal gland between the fingers. At the end of the above-mentioned period, no grating sensation could be felt on passing the catheter; the injection was therefore discontinued for some months, but again resumed, in consequence of a recurrence of this sensation, and of the mucoid secretion. After being persevered in for some time, it was again left off, relief having been obtained.

Case II. This gentleman was a patient of Mr. Guthrie. His general health had been very much impaired by long-continued suffering. Two calculi had been originally present in the bladder. One had been crushed, and the greater part of it removed; but the fragment retained was the cause of much uneasiness, especially when it rested

on the neck of the bladder. The urine was alkaline and bloody, containing mucus, and apparently pus. A stricture also existed in the urethra. The bladder was very irritable, but bore the presence of the lead solution for twenty minutes, with no more inconvenience than that which resulted from the introduction of pure water. The injection was continued every second day for nearly a fortnight. Particles of calculus frequently came away some hours after its use; they consisted of oxalate of lime, cemented together by triple phosphate. The latter was rapidly acted upon by the lead solution. The patient died soon after. Both his kidneys were found to be diseased, containing pus; the right enclosed four calculi. One stone was found in the bladder, besides that which had been broken up by Mr. Guthrie. A very small portion of the latter remained.

Case III. This was a patient of Mr. Key and Mr. Hunter. His bladder contained a large triple phosphate calculus. He had been lithotritised by another surgeon, unsuccessfully. The operation had caused much pain, and subsequent irritation, which had been soothed by injections of opium and warm water thrown into the bladder. The urine was neutral and turbid, containing blood and mucus. He occasionally passed calculi, of the size of small orange pips, which were readily decomposable by the lead solution. This fluid, when injected, was retained by the bladder without inconvenience, the first time for ten minutes, the second for half an hour, the third, fourth, and fifth, for fifty minutes. The rejected fluid deposited considerable quantities of precipitate on the filter. On one occasion it amounted, when dried, to eighteen grains of phosphate of lead.[1] Owing to some prejudice on the part of the patient, the injection was discontinued after the first week. This was unfortunate, as the case appeared to be favourable for testing the value of this mode of treatment.

Case IV. This was a patient of Mr. Copeland, aged 78, who had laboured for some time under vesical calculus, but on whom it was not expedient to operate. He used the solution for three weeks before his death. It was productive of a soothing effect on the bladder; and, whenever it was used, the ensuing evacuation of urine deposited a number of small crystals, but at no other time were they passed. After death, two large calculi were found in the bladder, and a smaller one sheltered behind an enlarged prostate. The surface of the concretions was studded with crystals, of the same description as those which had been brought away during life by the injection.

Case V. A retired army surgeon, aged 72, had been lithotritised seven years before, after which he had passed many fragments of uric acid calculus, with phosphatic coating. The prostate was enlarged, and the constant use of the catheter required. He tried the solution of lead twice or thrice a day for about a fortnight; but, although the bladder was irritable, the liquid, as he stated to me, caused "no pain whatever; on the contrary, it acted as a sedative to the lining membrane". He had, however, made up his mind to lithotomy, which was performed by Mr. Keate, and a stone, composed of fusible matter, urate of ammonia, and oxalate of lime, removed. On immersing frag-

[1] For this quantity of phosphate of lead, the equivalent is twelve grains of ammonio-magnesian phosphate.

ments of this calculus in the solvent, he found that, "after a few hours, they had diminished one half in bulk and weight; the exterior coating being eaten away, and the nucleus appearing a very different substance, much darker and harder". About three months after the operation, he again felt uneasy sensations, as though another fragment existed. He continued the use of the lead injection, which he found very soothing.

Case vi. Another patient of Mr. Coulson had long been suffering from affection of the urinary organs. He occasionally passed particles of calculous matter, but no stone could be detected in the bladder. This organ was paralysed, and required the constant introduction of the catheter for its evacuation. This gentleman was subject also to severe spasms, from the retention of a morbid secretion of vesical mucus, which, on being voided, was found to contain particles of phosphate of lime. He derived "much comfort" from the injection of the lead solution, and found that it lessened the secretion of mucus, facilitated its expulsion, and thereby lessened the frequency of painful calls to evacuate the bladder. There appeared to be also a greater disposition to expel the urine by natural efforts.

Other cases could be adduced, but the foregoing are sufficient to prove, not only that the bladder, under irritation, tolerates the presence of these solutions of lead, but also that they act as sedatives, and exert a favourable influence, directly and indirectly, on the morbid secretion of mucus which exists in cases of this nature.

After having made trial of most of the vegetable supersalts of lead, all of which act, more or less, as unirritating decomponents, I have returned to the use of that originally proposed, the nitro-saccharate,[1] as by far the most effective. That prepared for me by Mr. Garden, of Oxford-street, is much more energetic as a chemical agent than my own, and equally mild in its physiological effects. It is likewise more decidedly an organic salt, which I consider essential to the fulfilment of the ends in view; and I am strengthened in the opinion that sugar is a necessary ingredient, from the perusal of two papers in the July number of the *Pharmaceutical Journal;* one by M. E. Peligot, On the Combinations of Sugar with Lime, and another by M. Barreswill, On the Solution of Carbonate of Lime in the Saccharates.

One grain of the salt, superacidulated with five drops of strong acetic acid, is the proper proportion for admixture with each fluid ounce of water.[2] It is essential that the salt and the acid should be incorporated before the addition of the water, and that the whole should be brought to the boiling point. Superacidulation is necessary on many accounts; it secures perfect solution, increases the decomposing activity of the liquid, and prevents the formation of any carbonate of lead.

As the salts contained in the urine tend to decompose the solution, and lessen its effects on the concretion, the bladder should be eva-

[1] Philosophical Transactions, 1843, p. 11.

[2] The decomposing power of these solutions is in *inverse ratio* to their concentration; for instance, a saturated solution of the acetate, superacidulated pretty freely, is inert; whereas, in the above proportions, decomposition of phosphatic calculi takes place rapidly.

cuated, and washed out with tepid water before the lead fluid is introduced. A double-current caoutchouc catheter is the best for this purpose, as it enables a continuous stream to be employed; and as, on account of its flexibility, it is less liable to irritate the urethra, which should be sedulously avoided. From four to eight fluid ounces of the solution may be thrown into the bladder at a time, and renewed every ten or fifteen minutes, as often as may be deemed proper. By renewing the liquid at short intervals, much greater effect on the calculus is ensured, than when it is allowed to remain longer; for the precipitate formed by decomposition soon envelops the stone, and puts a stop to further action, until a fresh surface is exposed. Exercise during the retention of the injection increases its effect. Some slight revulsion may be produced by the first introduction of this, or any other fluid, into the bladder; when such is the case, the operation should be remitted for a day or two, and cautiously renewed. The injection may be either warm or cold, as may be most agreeable to the sensations of the patient. Warmth favours the decomposition of the calculus.

If used with proper precautions, I have found that the lead solutions exert as sedative and salutary an influence on the lining membrane of the bladder, as they do on external surfaces under inflammation. They also act upon the mucus, which is so abundantly formed in cases of this nature, coagulating it into short curdy flakes, which are easily passed through the urethra.

When the urethra itself is inflamed, or abraded, the injection will be injurious; for the lining membrane of the canal is, I believe, more sensitive than that of the bladder. The introduction therefore of decomponents should be had recourse to, either before lithotrity, or after the urethra has recovered from the effects of the instruments employed, but can never be used, with any prospect of success, where organic disease of the bladder or prostate exists. The injection should not be employed during the internal exhibition of hydrochloric acid, although it may be freely used when nitric acid is administered. When the bladder is not very irritable, a dilute nitric acid injection, alternating with the lead solution, will hasten decomposition.

The two facts established with respect to the lead salts, viz., first, their toleration by the bladder, and, secondly, their chemical action on calculous concretions, induce me to hope that they may become useful agents in the treatment of various other affections of the urinary organs. I have never presumed to imagine they would prove specific solvents for the stone; but, I trust that, where surgical operation is inadmissible, they will be of some avail for relief, if not for cure, by smoothing asperities, and removing the outward phosphatic coating of calculi, so as to bring them within the verge of the crushing forceps; in short, that they may avail for partial, if not for entire disintegration. The latter is more likely to happen where layers, composed of the urates or oxalates, are bound together by phosphatic cement. On this species of calculus, they are calculated to act as highly carbonated waters do on those of another description.

"Nor is the action of highly carbonated waters", says Dr. Prout, "confined to their mere solvent effects; they undoubtedly possess disintegrating power; that is, the power of disturbing the attraction,

both cohesive and adhesive, by which the molecules of the calculi are held together, so as to render them brittle and easily broken into fragments". This is an additional reason for using decomponents before recourse is had to lithotrity.

Besides the kind of cases already adduced, there is one variety for which decomponents seem to be peculiarly adapted; viz., concretions in the prostate gland. No instrument hitherto devised has been successful in dislodging them. The first case, however, mentioned in the present paper, goes to prove that a considerable quantity of calcareous matter was removed from the prostatal portion of the urethra, by the use of the lead injection.

In the first experiment communicated to the Royal Society, it was stated, that one hundred grains of calculus immersed in lead solution for forty minutes, had lost twelve grains. In the second experiment, the quantity dissolved, from a fragment weighing thirty-seven grains, was, after half an hour's immersion, eight grains. Subsequent experience has verified these observations, and proves that, under favourable circumstances, decomposition takes place in definite proportions; so that, from the precipitate of phosphate of lead, the quantity of ammonio-magnesian phosphate which has been decomposed may be securely estimated.

Since these circumstances obtain out of the bladder, by means of a fluid which can be borne by that organ with impunity, we may reasonably hope, that the mere transference of the scene of action, from the exterior to the interior, will not materially affect the results.

The foregoing communication contains the substance of a paper read before the Royal Medical and Chirurgical Society, the debate[1] on which was founded chiefly on a solitary case, confessedly one of the most unfavourable that could have been selected; one in which "nothing could be injected into the bladder without producing great irritation." The consequence was a natural disinclination to give the lead solution further trial. This paper not being deemed worthy of publication, and the Philosophical Transactions not being read extensively by medical men, the subject has not hitherto been before the profession. Its present publication arises from fortuitous circumstances, and a conviction that there are certain conditions in which the means recommended are likely to be beneficial, rather than from any desire to assume peculiar merit, or from motives of personal interest. I am as far removed by local position, if by nothing more, from the influence of the one, as I am indifferent to the other.

Having ascertained that a certain solution, mild enough to be tolerated by the human bladder,[2] exerts much chemical influence on phosphatic calculi, I am desirous of engaging the attention of those among my professional brethren, whose abilities and opportunities may enable them to pursue the investigation more thoroughly than I can.

Guernsey, Sept. 3, 1851.

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[1] Reported in the *Lancet*, June 22, 1844.

[2] My own eye was the first test of its mildness.

CASE OF DIFFUSE PULMONARY APOPLEXY, WITH RUPTURE OF THE PLEURA, AND HÆMATHORAX.

By STANHOPE TEMPLEMAN SPEER, M.D.Edin., etc.

Case. W. B., an individual in reduced circumstances, 62 years of age, had for some time been in a weak state of health, when he was suddenly attacked, in the month of February 1851, with most alarming orthopnœa, extreme distress, lividity of countenance, together with symptoms resembling a fit of congestive asthma. These in a great measure subsided, and when seen by me, on the third day after the attack, the following was his condition. There was still considerable dyspnœa, unaccompanied by pain, but by a sense of weight, heat, and constriction in the chest; there was cough, with very scanty viscid mucous expectoration, untinged by blood; the respirations were twenty-eight in the minute: the pulse was small and irregular. A physical examination gave evidence of a certain relative amount of dulness over both lower lobes, as compared with the upper ones; while, in these especially, there were heard some distant bronchial râles, principally of the dry kind. The expiration was considerably increased, both in length and loudness, while the inspiration was comparatively feeble, both murmurs having a rough, harsh character; these signs were the same on both sides, and were more marked in front than behind. The attack lasted a fortnight, and gradually subsided, without any change in the character of the râles, and with but little in that of the expectoration. No signs of solidification of the lung could be detected; and the case throughout manifested a remarkable want of coincidence between the extreme severity of the symptoms, and the comparative want of confirmation derived from the physical signs.

It is, however, worthy of remark, that the heart's dulness on percussion was totally unappreciable; and that the respiratory murmur was heard over the entire space usually occupied by the uncovered portion of that organ. Its impulse was imperceptible; and its sounds, which could scarcely be detected, but by making the patient hold his breath for a few seconds (a process which could only be adopted towards the latter end of the attack) shewed that irregularity of action existed; this was confirmed by the character of the pulse, which (as before said) was small, feeble, and irregular from first to last. No murmur accompanied either sound.

Although the cardiac symptoms, with the exception of the irregular action, were of a negative character, I entertained a suspicion that the sudden attack of orthopnœa, with the symptoms of pulmonary congestion, were in some measure dependent upon the condition of the central organ of the circulation, which probably was softened or attenuated.

The patient recovered slowly from the immediate effects of the attack, and had resumed his usual occupations (never indeed of a laborious nature), when, on the 16th of May, about three months from the previous seizure, while slowly walking across a yard, he suddenly stopped, threw up about a couple of quarts of dark blood, and expired before medical assistance could be of any avail.

Necropsy twenty-four hours after Death. On opening the thorax, the lungs did not collapse; they appeared to be of great size, filling the whole of the cavity, which seemed scarcely able to contain them. The heart was completely hidden. And the whole surface of both lungs was of the deepest red colour; the right one, when removed, presented a perfect specimen of uncircumscribed pulmonary apoplexy, its entire substance being gorged with very dark coloured blood, which, upon making incisions into the lung, flowed out freely from every part. The substance of the organ was soft and pulpy, as if it had been soaked in blood; while its structures seemed completely obliterated, so great had been the effusion into them. The left lung presented the same appearances, if possible in a still higher degree; in its lower lobe, and at its posterior aspect, the pulmonary tissue was found completely broken down into a soft friable pulpy mass. Corresponding to this portion, was found a rent in the pleura, two inches in length, through which upwards of a quart of blood had escaped into its cavity.

To account for this rare occurrence, no traces of disease of the lungs besides those mentioned could be detected. The bronchial mucous membrane was pale; and, although the tubes contained fluid blood, there were no other morbid appearances connected with them. At the right upper lobe, there were traces of sub-pleural emphysema. The large vessels were all carefully examined, but no aneurism or rupture of any kind could be detected. The aorta itself was quite healthy, but of rather small calibre, as compared with the volume of the pulmonary artery.

The heart was found driven deeply backwards into the mediastinum, by the pressure of the distended lungs. Its valves were all perfectly sound and competent. The muscular substance, however, afforded proofs of disorganisation; it was of a pale yellow colour externally, and for about one-third of the thickness of its wall, when incised. When handled, it was found to alter its shape with great facility, and could be moulded and kneaded in the hands like dough. The walls of the ventricles were soft, flaccid, easily ruptured, and afforded an example of that condition designated as yellow softening of the heart. No superfluous fat was found around it, and its cavities were rather larger than usual.

Remarks. The case just narrated, is undoubtedly one of very rare occurrence; and but few similar ones are to be found on record. One is related by Corvisart, in his translation of Avenbrugger; the second by Hohnbaum, as mentioned in Dr. Forbes's translation of Laennec; another is to be found in the *Clinique Médicale* of Andral; and a fourth is given by Dr. Fergusson, in the first volume of the *Dublin Medical Transactions*. Others doubtless exist, but to the particulars of these alone have I had access; and I find that each observer has remarked the rarity of the occurrence. The four cases just alluded to, all agree with the one narrated above, as regards the appearances found after death. In each, the whole or a portion of the lung was the seat of uncircumscribed pulmonary apoplexy, with breaking down of the lung, laceration of the pleura, and escape of blood into its cavity. During life, moreover, the symptoms were strikingly similar; a sudden shock,

succeeded by a rapidly fatal termination, being the leading features of each case. The principal difference being the absence of external hæmorrhage in two of them.

It is worthy of remark, that in none of the instances were there to be found those cardiac lesions which are so commonly supposed to accompany the circumscribed variety of pulmonary apoplexy; and, in the absence of these, it becomes an interesting inquiry, as to the cause of this condition in the cases which have just been quoted, as well as in the one which forms the subject of this article.

Since the year 1816, when this affection was first noticed, three hypotheses have been hazarded as explanatory of these sudden and copious effusions of blood into the tissues of the lung and pleural cavity; namely, *a*. Paralysis of the Pulmonary Plexus of Nerves; *b*. Diminished Coagulability of the Blood; *c*. Dilatation of that Fluid itself.

Paralysis of the Pulmonary Plexus was advocated by Lorinser, and other pathologists of the German school; and was supposed to act by producing a comparative over-action of the vessels of the lung (*Vide* Forbes' Laennec). The theory in itself does not appear to have undergone much investigation; but it not improbably has some foundation, inasmuch as the occurrence of sudden attacks of local paralysis in other parts is well established. Too little, however, is known on this subject, as applied to the cases in question, to say anything very definite regarding it.

Diminished Coagulability of the Blood. We have reasonable grounds for attributing many instances of passive hæmorrhage into the substance of the lungs, to such a condition of the circulating fluid; and the existence of extravasated blood in the lungs of those dying of purpura, is an argument in favour of the diminished coagulability of the blood being occasionally a predisposing cause of the diffuse form of pulmonary apoplexy. But in cases like the present, such a condition alone can scarcely be supposed adequate to the production of such results. Extravasations of blood, the simple result of diminished coagulability, are invariably of a passive nature; they have all the appearance of gradual formation, and are for the most part accompanied by certain other indications of a purpurous or hæmorrhagic diathesis; or, if that be not the case, they are found after death to have existed in conjunction with advanced cardiac disease, which, in such cases, had by its long continuance so deteriorated the quality of the blood, as to render its escape from the pulmonary capillaries, and its gradual infiltration into the parenchyma, a condition very analogous to the true purpurous extravasation.

Dilatation of the Blood. The morbid appearances found in three cases of severe apoplexy of the lung, occurring suddenly, and with such severity as to merit the term "apoplexie foudroyante" of the French writers, would then appear to suggest the existence of some sudden change, acting either immediately upon the mass itself of the circulating fluid, or through the intervention of its nerves:—consisting either in the withdrawal of a certain pre-existing influence, as in the pulmonary paralysis of the Germans previously mentioned; or in the accession of a new and unaccustomed influence, of which but little notice has ever been taken, but which Laennec considered it

necessary to admit in certain cases of sudden, profuse, and otherwise unaccountable hæmorrhage; namely, dilatation of the blood itself.

Now, without venturing to affirm that such a phenomenon does actually take place, I cannot avoid entertaining the idea, that in a fluid of so complex a nature, possessing such essentially vital qualities, and undergoing such changes as does the blood, whether in health or disease, modifications of bulk, independent of additional material, may, under favouring circumstances, really take place; while, on the other hand, a similar condition may equally be the result of an addition to one or other of the elements of the blood, more especially to the globules. The existence of local plethora is not of unfrequent occurrence; and the great increase in the amount of the globules has been proved to be its characteristic peculiarity; but whether the active distension of the blood-vessels, which exists under these circumstances, be owing simply to the mechanical influence of the augmented globules, or to an increased vital activity in those processes reciprocally existing between them and the more fluid portions of the blood, is not certain. What we know is, that an increase in the number of one of its most important ingredients (the globules) is the distinguishing mark of plethora. Something is in excess; and that excess is equally proved to be a predisposing cause of one form of hæmorrhage. If, therefore, it is in this sense of the word that we are to understand dilatation of the blood (with its similar process to give rise to such effusions) the term does not appear to be so misapplied as we might at first sight suppose.

If, however, we are to understand by dilatation of the blood, a vital change in that fluid, by which (without any extraneous addition being made to its bulk) it occupies or requires a larger containing space than before, we are thrown upon pure hypothesis. Yet, as before stated, the fact does not appear absolutely impossible; for, to quote the words of Dr. Wood of Philadelphia, "The blood may become diseased by a change in the character, as well as in the relative quantity of its constituents, and this independently of the entrance into it of any foreign principle. In what way such changes are effected is not precisely understood. There are not wanting facts to show that they may be produced by the action of the nerves. If, under perverted nervous influence, the products of secretion performed in the capillaries may become unhealthy, as is generally believed, there can be no difficulty in admitting that the blood itself, in these capillaries, may undergo alterations from a similar cause. If nervous action be, as some suppose, analogous to the galvanic, we can readily understand that it may be capable of modifying the condition of the vital fluid submitted to it, in the extreme vessels, as water is decomposed when placed between the poles of a galvanic battery. We may conceive, also, that the constituents of the blood may be modified by the varying condition within the body of those subtle principles, which exercise so powerful a chemical agency without it—namely, heat, light, electricity."

If, therefore, such a condition of the blood does occasionally take place, as its actual dilatation, its cause should, I conceive, be sought for, and connected with, certain modifications of atmospheric and electrical influence. The effects of these upon homogeneous fluids are by no means trifling; but upon a fluid such as the blood, they must, in all

probability, be considerable; and in relation to temperature, the idea would appear to be borne out by the prevalence of those states of the body, characterised by plethora and increased vitality of the blood, during the first accessions of summer heats. This is indeed a fact so generally believed, that few countries are to be found, the inhabitants of which are not in the habit, at this time of the year, of taking measures for diminishing the mass of the blood, whether by baths, venesection, purgatives, vegetable diet, etc.; hence, again, the custom of many of our ancestors of undergoing a precautionary loss of blood in the spring. I have moreover remarked that, as a general rule, the most severe and numerous cases of hæmorrhage occur at the commencement of the first summer heats. Of ten very severe cases, which I have seen since last October, all occurred within a space of two months, from the middle of April to the middle of June; and my own experience has led me to notice a preponderance of such cases every year at the same period.

With regard to the influence of electricity upon the blood, much also may be surmised, if little be actually known. It is well known, that bodies in a similar electric condition have the power of repelling one another; and it has been supposed that the circulation is aided by the electric state of the blood. In his valuable little work on *Electricity and Galvanism,* Dr. Golding Bird says: "That if a vessel containing water, having a very small hole in its base, be connected with the prime conductor of an electric machine, the water will merely escape by guttation; but on setting the machine in action, the particles of water becoming similarly electrified, repel each other, and the fluid escapes in a continuous stream. In accordance with this fact, it was long ago shown, that if a patient have a vein opened in the arm, and the blood happens to escape but sparingly, on placing him on a glass stool and electrifying him, the blood will, like the water in the vessel just alluded to, escape *pleno rivo.*" Holding this fact in view, and remembering the difficulties that have always been experienced in explaining the capillary circulation, we may possibly have another clue to those perturbed conditions of this circulation (independent of any change in the functions of the central organ), which so frequently occur at a season of the year, when undoubtedly great electric changes are going on in the atmosphere; but here again we are forced upon a supposition as to the *modus operandi* of this agent on the circulation. It is possible to conceive, that the particles of the blood being highly charged with electricity would tend to repel each other; but this in itself would not contribute to produce onward movement in the whole bulk of the fluid. It would certainly cause a separation of the particles one from another, but this might take place in one direction with as much facility as in another, and thus no assistance of an impulsive character would be derived from it. But the blood being subjected to a considerable amount of *vis a tergo,* the repellent action can only act in one direction, since those particles which might otherwise tend to retrograde, are entirely prevented from doing so by the bulk of the fluid behind them, urged onwards by the motor power of the heart. In this way we may conceive, that the electrical repulsion of one set of particles is exercised upon another, which, from mechanical causes, is unable itself to develope this property; and hence the repellent power

becomes merged in one continuous onward wave, the first impetus to which is given by the heart, and is then maintained by the electrified particles shunning one another; and as they can only do so by moving in one direction, a continuous circulation is thus kept up. It is needless to add, that the above can only be considered in the light of an hypothesis, and as such, may be taken for as much as it is worth.

In two cases of pulmonary apoplexy related by Hohnbaum, the appearance of the lungs, and the symptoms, both prior to, and at the moment of the fatal event, both pointed to the existence of a condition of the blood, very different from that which would indicate diminished coagulability alone as the cause. In these instances, the individuals had both suffered from symptoms of plethora; they had both lived in a manner capable of inducing and keeping up such a condition; and, in both, there was evidence of derangement in the pulmonary circulation, as evinced by dyspnœa, contraction of the chest, and paroxysms of asthma. When examined after death, the lungs, in both instances, appeared too large for the cavity of the thorax, so dilated and gorged were they with the immense accumulation of blood in their tissues, while in neither case, was there any disease of the heart or other organ found, to explain the morbid appearances; and whether these are to be attributed to some modification of the blood itself, or to a sudden palsy of the pulmonary nerves, (as suggested by the narrators), must necessarily be a matter of uncertainty; probably the two causes may have acted simultaneously.

The following case, although not of a fatal nature, presented certain symptoms so identical with those which preceded death in those previously mentioned, as to merit a slight outline. A gentleman, of middle age, and in perfect health, while occupied in his bed-room, suddenly experienced a pain in the chest, and fell senseless on the floor; he remained in this condition for nearly twenty minutes, and when consciousness returned, he found himself free from headache or any other cerebral symptom, but his breathing was short, he had dull pain in the left side, a small, quick, thready pulse, great anxiety and uneasiness, and altogether he presented a very unpromising appearance, especially in relation to the thoracic symptoms; these, nevertheless, both in their invasion and in their combination, were of so anomalous a character, that it appeared difficult to refer them to any of the more ordinary diseases of that cavity. A physical examination was not much more satisfactory; the left upper lobe, both before and behind, was the seat of rough and diffuse bronchial breathing, with an obscure sound of crepitation, which did not resemble the ordinary moist sounds usually heard in the tubes or air-cells. There was also slight comparative dulness over the same part; the right lung presented nothing abnormal, and the heart appeared perfectly healthy. These signs underwent no alteration of character, but gradually subsided, still, however, preserving their somewhat anomalous character; inasmuch as, neither from their own evidence, nor from that of the symptoms, could the ordinary phlegmasia of the lung be diagnosed; while, on the other hand, there was enough to show that the affection was not a purely nervous one. The mode of invasion, (which I learnt fully some days after first seeing the patient), precluded the idea of previous chronic disease, besides which, his health had been perfectly sound for a length of time.

Coupling therefore these circumstances with the sudden shock, the sensations in the chest, the anxiety, small rapid pulse, but absence of true febrile symptoms, and the physical signs, I surmised the existence of a latent pulmonary apoplexy, depending (as I cannot forbear imagining) upon one or other of the causes just alluded to. Had there been any visible hæmorrhage, I should have felt certain as to the nature of the attack; but it is well known that this is not a necessary accompaniment of pulmonary apoplexy.

I may add, that this individual recovered perfectly, and subsequent examinations served only to confirm belief in the gradual absorption of blood extravasated into the intervesicular structure of the lungs. Had this case proved suddenly fatal before the return of consciousness, it would have been attributed to a cerebral affection in all probability; and it is not unlikely, as Dr. Forbes remarks, that this error may have frequently been committed under similar circumstances.

With regard to the case which has formed the subject of these remarks, it would appear a matter of equal difficulty, to explain satisfactorily the sudden occurrence of so extremely severe an attack of pulmonary apoplexy. Reasons, however, might be adduced for attributing it, in part, to each of the conditions suggested as capable of producing it. The sudden shock might be owing to the supervention of the pulmonary paralysis of the authors previously mentioned. The appearance of the lungs on dissection, gorged and distended with dark blood, might suggest the probability of an increase in the bulk of the fluid; while the apparent absence of coagulability, the manner in which the blood flowed from every incision, together with the character of that which was found in the pleura, might lead to the supposition that diminished coagulability had likewise a share in the phenomena observed upon dissection; more especially when taken in connexion with the fact, that the individual had been in early life, and, indeed, up to within a few years of his death, in easy circumstances, but that during this latter period, the change in his mode of living, his diet, etc., had been of a very inferior description, and perfectly sufficient to account for any impoverished condition the blood might have undergone. His cachectic appearance, moreover, tended to countenance such an opinion.

The softened condition of the heart may have had a passive share in the production of the hæmorrhage and its consequences. It has been found to exist, independent of any inflammatory process, in cachectic persons; and what is more to the point, has been shown by Dr. Hope to be very influential in the production of pulmonary apoplexy. In three cases of softening, detailed in the last edition of his *Treatise on Diseases of the Heart*, two gave evidence of most extensive apoplectic effusion; and he alludes, in addition, to several other cases of the same kind. The principles upon which he states this lesion to act are the following. The left ventricle, weakened and generally attenuated in its parietes, becomes unable to expel its contents; an obstacle is thus offered to the entrance of blood from the left auricle, and this at once produces an obstruction to the free disgorgement of the pulmonary veins, and a consecutive retardation of the whole pulmonary circulation. If, then, we admit that in the case narrated above, a similar condition of the lungs existed habitually, in connexion with a softened heart, it is no longer difficult to believe that a sudden change, whether in the bulk

of the fluid itself, or in the nervous influence regulating its distribution, might cause a general exhalation of blood into the various tissues of the lungs, more especially if (as is not improbable) a previous tendency to diminished coagulability had rendered its extravasation comparatively easy.

In intimate connexion with this subject of the dilatation of the blood, I may mention that, since the preceding remarks were written, I have had my attention directed to the fourth chapter of Dr. Cormack's *Prize Thesis on Air in the Organs of Circulation* (Edin. 1837), entitled "Remarks upon the Generation of Air in the Living Body, especially in the Blood-Vessels; with observations on the consequences which may result from its presence there". He shows that "there are various facts and arguments, which render it exceedingly probable that, owing to the sudden formation of air within the blood-vessels, death may be produced either by arresting the contractions of the right side of the heart, or by producing a fatal action on the brain."

Cheltenham, August 29, 1851.

ON SOME DIFFICULTIES IN THE STUDY OF HYSTERIA.

By SETH B. WATSON, M.D., formerly Physician to the Ratcliffe Infirmary, Oxford.

The Benevolent Power presiding over universal nature, has determined that, for the most part, diseases dangerous to animal life should quickly attain a crisis, in the recovery or death of the sufferer. Of such diseases, whatever may be the theory of their treatment, the course is apparently settled, the reasoning upon them clear and simple, and the result, from its rapidity, in some measure satisfactory to the spectator. But there is another class, whose continued presence is quite compatible with animal being; and of these, as it is their property to remain without full destruction to the organs they disturb, so is their progress unsatisfactory, and the means taken for their removal uncertain, conjectural, and obscure. In these, the physician provides himself from all sources, and from his personal experience (contracted as far as possible to obtain concentration), with certain types, or ideals of diseased states, from which he insensibly selects one, towards which the case before him appears most to approximate; for, in reality, he must rest satisfied with such an approach to truth, as an escape from the extremes of useless scepticism, and blind credulity. Hysteria may be placed among this class, as one of the most difficult; so much so, that a perfect treatise on hysteria would comprehend within itself the primal foundations on which the structure of medicine, as an art, must finally be raised. I say as an art, in opposition to its popular development as a practice, each requiring a different constitution of mind; to the perfection of the former, self-distrust being as conducive, as self-confidence is necessary to the latter. The modes and processes of the human intellect are not favourable to the exact study of this class of diseases. There is a tendency in our minds, by their levity and volatility, to overlook with ease all the many failures in dreams, charms, omens, and prophecies, but obstinately to remember the very few that are successful. Now the opposite state is required; we should have the capability of

recollecting, and a pleasure in dwelling with exactitude, on failures equally with successes. Nor can imposture cease, till the stimulus of praise or gain are unnecessary to an accurate remembrance.

Again, if in youth, by a too close attention to professional facts, those subjects on which the imagination, or an inferior faculty closely allied thereto, ought legitimately to be entertained, are totally shut out; if these professional discoveries too closely and too entirely occupy the student's mind, the imagination, deprived of its proper nutriment, is reverted on this state of practical life, and becoming thus diseased, and unguided by the beautiful, busies itself in working out and colouring medical cases, supplying, as the results of medicines and treatments, what exists only in a heated and disordered fancy. By the law of association, also, from constantly reading, and hearing that certain medicines produce certain symptoms in the progress of disease, we are accustomed in their use, with unshaken faith, to attach the cure to the remedy, destitute of the boldness to innovate, or of the irreverence which seems to be implied in doubting their efficacy. Our fears of words and names are too great, to allow us calmly to observe what would be the result of the total abstinence of our assistance. With us, coincidence and concurrence are allowed the weight of sequence. Even as students of the art of medicine, difficulties beset us, from which students in the other arts are free. For instance, in painting and sculpture, a habit of patient quietude, and concentration on single objects is encouraged, and a hurried walk round a gallery of pictures and sculpture would be considered confusing, rather than beneficial. In these arts, also, we consider the absence or presence of truth in the production, as the test of the degree of perfection in the artist. But man is naturally an animal believing in medicine; and nothing will wholly root out this instinctive proneness and declivity to believe, without proof, in the statements of cures. This is not more present, though more visibly so, in the medicine-men and charmers, than in the civilised and enlightened. It cannot be overlooked and contemned; for the painful fact must be acknowledged, that a love of such error is not accidental, but essential to our nature; and that in our progress toward medical truth, old open errors are too often exchanged for the newer and more recondite. Men, too, in their time of strength, and the even temperament of health, may neglect external forms; but, in their hour of weakness and depression, they cling to the visible and tangible—the form of something active, something being "done" for the patient, is called for by the superstition of the friends. To what other principle, than an instinctive knowledge of this working in minds under suspense, can be attributed the attempts to bleed drowned and crushed men, and others in a similar condition?

In the study and treatment of hysteria, we have all these difficulties to contend with; and these must excuse our want of permanent success. We can conceive hysteria to be a diseased mode of the will, which becomes inveterate from taking place in a disordered body, without its originating therein, or being wholly cured thereby. If it be considered a bodily disease alone, we should be forced to exclude the effects which a consciousness, or the being conscious of their corporeal existence, excites on the action of the nerves: for it will, I think, be granted, that there are few forms of hysteria, in which the

patient's attention is not fixed on some nervous receptacle, with too great a continuity and intenseness.

In some cases, hysteria appears to be the accumulation of unexhausted energies, of whatever kind; as if this spiritual or nervous accumulation became too great for its corporeal dwelling. When these energies find a proper vent, the hysteria disappears. Some impression made upon the heart or imagination, calling up a train of morbid sensations, continued without intermission, destroys the regular function of volition, and by over-exercise damages the bodily instrument of its operation.

It is curious to observe the mental character of the hysterical—the vacillating tone, and the halting between two opinions, which characterises the statement of their sufferings. Where there is actual disease, there is less delight in describing it; and the symptoms are comparatively clearly and succinctly related. With the complications of hysteria, the creations of fancy supersede the plain offspring of fact. A tendency to unsoundness in thought and expression, when only partial, and meeting with partial resistance in will, often takes the form of the hysteric paroxysm in those muscles over which the will predominates. Yet, when this resistance is wholly overcome, the tide of unconnected thought, feeling, and expression, sweeps on, and total incoherence is established.

A strong desire for the sympathy of those around, which is sometimes, unfortunately, to be obtained alone by the exhibition of the paroxysm, is one grand cause of its excitement. The attention of the hysterical is accidentally drawn to some other form of disease by proximity; and this in some gives rise to the artistic energy of imitation, without the wish to fraudulently simulate the disease. Women, with all their elegance and delicacy of perception, are not inventive, and rather work on what has been already presented, than originate even a new form of disease. Their want of self-consciousness, in many of their acts and feelings, has brought upon the hysterical the charge of active imposture; when, instead of this, they would be found defective in the power of placing their actions before their own eyes, and viewing them as the acts of strangers. The self-contemplating power of Hamlet and Macbeth, in opposition to the female characters of Shakspeare, will best explain this.

We cannot fail to observe that the hysteric paroxysm is restrained, and sometimes extinguished, in the moral atmosphere of women of clear understanding, as it is nourished by the weak sympathies of the reverse. With the same diet, air, exercise, and medicine, a patient will remain hysterical, with certain companions or attendants; and, under the same external circumstances, recover in the society of others; the want of attention to, and interest in, the exhibitions of the disease, being the only apparent difference. Old cases disappear under changes of scene, air, and passions, particularly the latter. Short walks, repeated at intervals, seem to break up and dissolve the morbid impressions, and gradually and insensibly increase the self-control, especially if these walks be taken in company with those of their own sex, of that temperament more likely to perceive the ludicrous than the tragic, in the common affairs of life.

16, Norfolk Street, Park Lane, September 1851.

BIBLIOGRAPHICAL RECORD.

Reasons for Embracing Homœopathy. By Charles Ransford, M.D.Edin., Fellow, and lately one of the Examiners, of the Royal College of Physicians of Edinburgh; Physician to the York Homœopathic Dispensary. pp. 24. London: 1851.

Letter to Professor J. Y. Simpson, President of the Royal College of Physicians of Edinburgh, concerning the Resolutions recently passed by that body in reference to the Therapeutic Practice commonly called Homœopathy. By Wm. Macleod, M.D., Fellow of the Royal College of Physicians of Edinburgh, Physician to the Wharfedale Hydropathic Establishment, and to the Llhlen Hydropathic Hospital. pp. 45. London: 1851.

Letter to the Patrons of the University of Edinburgh on the late Resolutions of the Medical Faculty. By William Henderson, M.D., Fellow of the Royal College of Physicians, Professor of General Pathology in the University of Edinburgh. pp. 24. Edinburgh: 1851.

Drs. Ransford, Macleod and Henderson are a notorious triumvirate: they are Fellows of the Edinburgh College of Physicians, and practitioners of homœopathy! Two other gentlemen, Drs. Macdonald and Gregory, we believe, complete the list of fellows who have joined the quack alliance, which, in common parlance, is termed homœopathy. Dr. Macleod combines homœopathy with hydropathy; Drs. Macdonald and Gregory are Mesmeric homœopaths; and Dr. Henderson, Professor of General Pathology in the University, avowedly practises several *pathies*, though he sneers at modern Mesmerism, and maintains that his own apostasy is not so much the cause of the decline in the number of students attending the Medical School, as the "Mesmeric *soirées* of the Professor of Midwifery, and the *Letters to a Candid Inquirer* of the Professor of Chemistry".[1] The settlement of intestine quarrels we must leave to those who are better acquainted than we are with what Dr. Henderson calls "the history of the last session"; but we think it right to say, that Professor Simpson has satisfactorily repudiated Mesmerism. Our present object is to give a short account of the three pamphlets before us, and to call attention to the deplorable predicament in which the Royal College of Physicians of Edinburgh, and the Medical Faculty of the University, are now placed:—anxious to act with consistency and propriety, but hesitating to do what they feel to be both right in itself, and necessary for their own respectability.

Dr. Ransford gives us some scraps of his personal history, which, however, require amplification. The curiosity of the reader is excited, but not gratified; we are told that the writer successively abandoned "ordinary practice" in Edinburgh and Alnwick, and that he is now trying his luck at homœopathy in York. We crave for further details. The propriety of entitling the pamphlet *Reasons for Embracing Homœopathy*, may in this way be fully vindicated: in its present unfinished state, it is a very lame attempt to defend and dignify the history of the author's migrations and doctrinal transformations. That Dr. Ransford is afflicted with a weak and illogical mind, a perusal of his pamphlet puts beyond doubt; for it is a production which could only have been published as a statement of "reasons" by a man incapable of understanding a medical inquiry. But while we discover and proclaim his mental deficiencies, we are not inclined to excuse him on these grounds.

[1] Dr. Gregory's book was reviewed in our last number, p. 820.

He seems to have sighed for homœopathy, "even while holding office in the Royal College of Physicians of Edinburgh, as a determined opponent of homœopathy and its disciples". He thus describes the state of matters in relation to homœopathy, when he was a candidate for Edinburgh practice.

"The conscientious, highly educated, and accomplished follower of Hahnemann, whose only object was to substitute in therapeutics, certainty for uncertainty, order for confusion; this man, we repeat, was treated as a Pariah, an outcast. Homœopathy was always pronounced to be on the wane, nevertheless *we found to our cost that it took from us our best patients;* we fondly hoped that these misguided people would, after a little time, return to their former orthodox creed and practice; but no, they not only deserted us, our cathartics, sudorifics, alteratives, derivatives, blisterings, bleedings, *et illud genus omne*, but, charmed with the superiority of their new favourite, in the most unkind manner they persuaded others to follow their example." (p. 5.)

It is always a most severe trial of integrity to see quacks grow rich, while honest men suffer from a want, or general desertion of patients: the result of such defection, to physicians without private fortune, is poverty; and poverty is too often the parent of charlatanry, even among men who, in other circumstances, might have resisted its meretricious allurements. Hiffernan's ethics, though too often followed, cannot be defended. "Paul Hiffernan", says Washington Irving in his *Life of Goldsmith*, "was something of a physician, and elevated the emptiness of his purse into the dignity of a disease, which he termed *impecuniosity*, and against which he claimed a right to call for relief from the healthier purses of his friends." Now it strikes us forcibly, that if Paul Hiffernan had lived in the present day, he would have adopted homœopathy as a cure and a prophylactic for his disease; and that many in his plight, as well as in that described by Dr. Ransford, have adopted a similar course, it is impossible to deny. We wish to draw no offensive parallel between Dr. Hiffernan and Dr. Ransford; but we do mean to say plainly, that the extract which we have given from the latter's *Reasons for Embracing Homœopathy*, compels us to suspect that—perhaps unconsciously—Dr. Ransford's conversion was simply the consequence of a wish to be converted. He ardently desired for "reasons to embrace homœopathy", just as the love-lorn lassie of the Scottish song wished her sister "*to advise her* to marry Tam Glen", in preference to "the laird o' Drummeller". We hope the Doctor thought as little of pelf as did the damsel.

"There's Lowrie, the laird o' Drummeller,
'Gude day to ye, lass', he comes ben:
He brags and he blaws o' his siller,
But when will he dance like Tam Glen?
Come, counsel, dear tittie, don't tarry;
I'll gie you my bonnie black hen,
Gin ye will advise me to marry
The lad I lo'e dearly, Tam Glen."

Dr. Ransford's cases are detailed after the fashion of those which figure in the newspaper advertisements of Professor Holloway: they are calculated to mislead the public, but with the profession they can excite only contempt for the writer. Having made this remark, we think it right to quote the whole of the cases, with the comments upon them, contained in Dr. Ransford's pamphlet; and we shall be surprised if any of our readers can see in either, the shadow of an argument in favour of homœopathy or infinitesimal doses.

Let it be clearly understood, that we would not encumber our pages with Dr. Ransford's balderdash, were we not anxious to afford the profession a true picture of the calibre and morality of the man who writes himself "lately one of the Examiners of the Royal College of Physicians of Edinburgh". Is it surprising that a College which could appoint such an examiner, should be unsettled by medical scepticism and rampant quackery?

The quotation which follows is one continuous passage.

"His determination to test it was strengthened by attentively considering

the letter of his late ever to be lamented friend, Dr. Andrew Combe,[1] whose writings are so widely known and so justly appreciated in Europe and America. Dr. Combe had no cause to serve but that of truth. Truthfulness was his characteristic. The writer knew but too well, that so far as the uncertainty of medicine was concerned, he could scarcely be worse off; for professional intercourse (and this was considerable) with many eminent practitioners, had not tended to increase his confidence in drugs nor in medicine generally; nor did Dr. Forbes give him comfort, when he issued his celebrated number of the *British and Foreign Review*, containing the well known article entitled—'Homœopathy, Allopathy, and Young Physic'. In order to take his first step with every precaution, the writer acquainted his friend Dr. Russell of Edinburgh with his difficulties, and received from that gentleman every direction for the proper investigation of the homœopathic practice; he likewise went to Newcastle and introduced himself to Dr. Hayle, who received him with his wonted urbanity, and advised him, if he wished to be speedily convinced of the *power* and efficacy of homœopathic preparations, to select for trial *acute* cases of disease. He returned and commenced his investigations, carrying them on in such a manner, that with scarce an exception, his patients were ignorant of his proceedings, and did not suspect any deviation from ordinary practice, save that they were agreeably surprised to find themselves cured and relieved by medicines tasteless and colourless. The result of his first trials utterly confounded him. Acute inflammatory cases, of such a description, as are by consent of all authorities in medicine, ordered or recommended to be treated by bleeding, either general or local, and other debilitating measures, yielded much sooner to homœopathic remedies appropriate to each case. One of the earliest of these was the following instance of

"Bronchitis. Mr. P.'s infant, aged six months, residing two miles from Alnwick, was seized on the 26th of March, 1850, with cough and dyspnœa; attended with thirst, hot skin, and quick pulse. Domestic remedies, such as antimonials, castor oil, friction with Bow's liniment, had been resorted to; but as the symptoms increased in intensity, I was hurriedly sent for, early on the morning of the 29th, and found the infant lying exhausted in her mother's lap, suffering from cough, short, harsh, dry, and constant in its character; dyspnœa urgent, the nostrils dilating widely at each inspiration, skin hot, the pulse much accelerated; she could not take the breast. Tinct. aconiti and ipecacuanhæ, one drop of each was ordered to be given alternately every quarter of an hour. Relief was afforded within an hour. A messenger was sent to me, to prevent a repetition of my visit in the evening. I saw her the next morning, and ordered her Hepar sulph. This completed the cure. She did not require a third visit. When I prescribed for this case, it was with the determination that it should be the experimentum crucis; and that if a mitigation of the child's sufferings did not speedily take place, I would abandon the homœopathic treatment, and resort to the old system of leeching, emetics, etc., etc. Neither imagination nor diet could have had any share in the recovery; for the patient was an infant, and its only diet its mother's milk; and the same remarks will apply to another case, occurring at the beginning of this year.

"Mr. B.'s infant, aged six months, a stout plethoric child, was taken ill on the 20th of January, 1851, with cough and febrile symptoms. I saw him on the 22nd, the cough was dry and constant, face flushed, hot skin, quick pulse, and constant thirst. Tinct. aconiti and bryoniæ, one drop of each was ordered to be given alternately every half an hour. The patient was relieved before the evening. January 25th.—The cough being still somewhat troublesome, and accompanied with mucous râles over the chest, tinct. ipecacuanhæ, gtt. vj. was given in divided doses: the child required no further treatment.

[1] A man of most unsound faith, both in medicine and religion. Ed. Lond. Journ. of Med.

"A third case affecting the respiratory organs, likewise occurring in a child, who knew nothing of homœopathy, shall here be inserted. I was sent for on the 30th of September, 1850, to see Miss M. R., æt. 12, who was affected with bronchial irritation, fever, headache, and spasmodic cough Aconite was taken throughout the day, in one drop doses. My opinion given to her sister was, that something more serious than ordinary cough was impending. Tinct. of bryonia was administered the following day ; in two days, hooping cough was fully developed ; tinct. of nux-vomica was now prescribed in drop doses, and this had a marked effect upon the character of the cough : in ten days she was quite well, and returned to school. No other medicines than the above-mentioned were administered. A slight return of the cough took place after exposure to a cold east wind, but ipecacuanha in one drop doses gave relief within two days.

"Another case of a different character tended to make him still more satisfied with the superiority of homœopathic practice.

"Cerebral Convulsions. On the 30th of January, 1851, I was requested to visit Mr. H.'s son, aged thirteen months : he had been seized previous to my arrival, or that of another practitioner (who in my absence had been sent for), with general spasms of a violent character, accompanied by insensibility. The muscles of the face I was informed had been distorted, and the thumbs turned inwards towards the palms. When I saw him the face was very pale, and covered with a cold sweat ; the gums were swollen from the pressure of the molar teeth upon them. I scarified the gums, ordered cold to be applied to the head, and administered tinct. of belladonna, one drop. 31st.—Has had a restless night, continued thirst, at noon the convulsions returned. Ordered tinct. ignatiæ one drop, to be taken immediately, and tinct. coffeæ one drop, to be administered in the evening for the purpose of producing sleep. From this time the spasms did not return, and convalescence rapidly took place. The teeth did not pierce the gums for several weeks afterwards, so that very little, if any benefit, could have arisen from the scarification of the gums, and I did not resort to it in the second case of difficult dentition occurring in Mr. S.'s child, aged eleven months. He was suffering from cough, hoarseness, hot skin, thirst, and restlessness ; the eyelids were glued together with muco-purulent matter, and he was much griped. Castor oil had been given to him before I was sent for. Ordered nux-vomica, two globules, third dilut., to be taken every four hours. The next day I found him much relieved ; excessive thirst was his chief ailment. Chamomilla was ordered, and the child was convalescent on the following day.

"The efficacy of minute doses of chamomile is strikingly exemplified in the two following cases. Mrs. P.'s child was seized (without any evident cause) on the evening of February 7th, with pain of abdomen and vomiting. Chamomile two drops, in divided doses, was all that was required to relieve him. The second case was Mrs. A.'s child, who sent for me on the evening of April 21st, 1850. He was complaining of pain in the stomach, accompanied by vomiting; the cause assigned was eating 'early greens'. One drop of the tinct. chamomil. gave immediate relief.

"So soon as I was convinced that the homœopathic preparations, administered according to the homœopathic law, were more efficacious in curing acute cases of disease than the old method of practice, I corresponded with several of my medical friends of the allopathic school, mentioned my experience on the subject, and requested their opinions. *Not one met the case on its merits;* one ridiculed the idea that such effects could possibly result from a decillionth of aconite, etc. ; another dismissed the subject very summarily by saying, that 'he knew nothing whatever of homœopathy, but that he considered the administering of such small doses in really dangerous cases to be a trifling with human life': another's response was to this effect—'I have seen some narrow escapes from homœopathic treatment'. One friend, whilst opposing homœopathy, made this somewhat remarkable admission—

'I have no doubt but that patients will get well sooner under the homœopathic treatment'; a fifth saw no objections to my continuing the investigation secretly, believing that a return to my 'first love' would be the result of a more extended experience. Several of my patients of the higher ranks asked me whether I was practising homœopathically. I replied in the affirmative, but added, that as yet my mind was not sufficiently decided upon the matter; they did not care how I treated them, providing I did so conscientiously; and all my medical correspondents urged me not to proclaim my 'perversion' (so they termed it) until a few months longer should have passed away.

"The following cases are a few selected during those months of probation.

"Scarlatina. Mrs. L., near Alnwick, sent for me on the 20th of August, 1850, to see her niece. I found her labouring under a smart attack of scarlatina, with swelling and redness of the tonsils and fauces. Belladonna tr., six drops, was all that was required to cure her; her recovery was so rapid and complete, that it was only requisite for me to see her twice.

"The cases which follow occurred in adult subjects; they did not, with one or two exceptions, suspect me of any homœopathic tendencies, they having formerly heard me express myself strongly against it. Imagination, therefore, cannot be considered an element in the result; but let it be borne in mind, that there was no concealment on my part when questioned.

"Hemiplegia with Cerebral Congestion. D. T., Esq., aged 62, residing four miles from Alnwick, has had two attacks of paralysis in Edinburgh; he is now hemiplegic. On April 20, 1850, I was summoned to see him. He complained of headache and noise in the ears; the eyes were dull; the conjunctiva injected; pulse 90, full and bounding. He presented the same appearance (so Mrs. T. informed me) prior to his last attack; he has been accustomed to take colocynth pills for the purpose of relieving constipation. Lachesis, six doses, of three globules each, relieved him in a week, and his health has been uninterrupted (with the exception of his hemiplegic constitution) ever since.

"Congestive Headache and Catarrhal Ophthalmia. Miss —— had for some years suffered the infliction of an issue in one leg, in order to avert headache and ophthalmia (which desirable result, however, it failed to produce). At my recommendation the issue was healed. Pulsatilla gave her relief. The ophthalmia does not return, and the headache is much less severe in its character.

"Catarrhal Ophthalmia, with Ulcer of the Cornea. Miss —— sent for me to Alnemouth, July 18, 1850. She was suffering from inflammation of the conjunctivæ, accompanied by a febrile state, profuse lachrymation, and intolerance of light. On the right cornea was a small ulcer. Aconite and belladonna were the remedies at first employed; afterwards, sulphur, calcarea, and silicea. She completely recovered.

"Bronchitis. Miss K. was seized on the 19th of March, 1850, with severe frontal headache; pain in the sternum, increased by deep inspiration; frequent hard cough without expectoration; quick pulse; thirst, and hot skin. Aconite and bryonia were administered alternately every three hours. Before the expiration of twelve hours, a marked remission of the symptoms took place, followed by refreshing sleep. Mercurius, sulphur, and china, were the only additional remedies resorted to.

"Cynanche Tonsillaris. Elizabeth R., aged 21, was suffering on Jan. 14, 1851, from inflammation and swelling of the cellular membrane of the fauces and tonsils, accompanied by fever, difficulty of swallowing and speaking. Aconite and baryta carbonica cured her in twelve hours.

"Gastrodynia. Isabella S. is subject to pain in the stomach after eating, with occasional vomiting of food. Pulsatilla, sulphur, and baryta carbonica cured her: up to the time of my last seeing her (eleven months having elapsed) there has not been any return of the disorder.

"Gastrodynia and Hematemesis. C. B., a servant girl, left her place on account of severe and continued pain in the stomach, accompanied by frequent vomiting of food. She had been under medical treatment, and had swallowed a large quantity and a considerable variety of drugs without deriving any relief. She had resided in the country for six weeks with her mother when I first saw her, on the 22nd of December, 1850, but was not better. Pulsatilla immediately relieved her, and followed by sepia, completed the cure. Three months afterwards she went to service in the country; her complaint returned, and in addition to the former symptoms, she threw up a large quantity of dark grumous blood. I ordered her bryonia, which completely relieved her.

"Dyspepsia, Anorexia, and Vomiting of Coffee-coloured Fluid. Miss —— has been the subject of this affection for several years; she is opposed to homœopathy, but I persuaded her to try nux vomica, which gave her greater relief than any former remedy. If imagination had any influence in this case, it certainly was not exerted in favour of homœopathy.

"Vomiting and Acute Pain in the Stomach. Miss ——, residing some miles from Alnwick, was seized on the night of January 17th, 1851, with constant vomiting and violent pain in the epigastric region, increased on pressure. She attributed her illness to having eaten boiled greens at dinner. Repeated draughts of tepid water emptied the stomach, but nothing except bile was ejected. I saw her at 3 a.m. and gave her chamomilla tr., one drop; two doses of this relieved her. The next day, on account of headache, pulsatilla was given, and three doses of sulphur on the following day; convalescence was then complete.

"Gastrodynia and Vomiting of Food. Miss ——, residing in the country five miles from Alnwick, has for a long time been subject to anorexia, pain in the stomach after eating, and headache. She has during this period become emaciated and desponding. I saw her on the 18th of January, 1851, and ordered her three doses of sulphur, followed by sepia, twelve doses. 27th. Saw her again. The appetite has improved; pain of stomach has ceased; vomiting occurs more rarely. Feb. 4th. Continued improvement; complains only of debility. Ferrum, eight doses. Neither pain nor vomiting has returned up to this date, March 21st.

"Cholera Britannica. Several cases of this affection came under my treatment in May, 1850. I have selected for illustration the following. Miss B., aged 14, was attacked on the 12th of May, 1850, with vomiting, purging and tenesmus, hot skin, quick pulse and thirst. Belladonna, antimonium, rhubarb, sulphur, nux vomica, and calcarea, were administered in succession. Her convalescence was complete in eight days, not requiring tonics to restore strength. The disorder was epidemic, and under the ordinary treatment was much longer in its duration.

"Miss B., a phthisical subject, was seized, on the 9th of August, 1850, with vomiting, and purging, accompanied with coldness of the extremities. Veratrum and arsenicum were given, and she was convalescent on the 14th.

"Mr. ——, brother of this lady, was taken ill with somewhat similar symptoms on the 11th of August. Mercurius restored him in two days.

"Miss G. was seized, on October 31st, 1850, with the ordinary symptoms of autumnal cholera, attended by smart fever, face flushed, pulse 110. Aconite, veratrum, arsenicum and ipecacuanha, relieved her in four days, and she regained strength immediately without any other drugs.

"I could add several similar cases, one of a lady, aged 80; but it is unnecessary. I will merely remark, that, with one exception, all were alike ignorant of their being the subjects of homœopathic treatment.

"Pleurisy. Mrs. R., residing two miles from Alnwick, was seized on January 19, 1850, with pleurisy of the right side of the chest; respiration much impeded; pulse strong and frequent; hot skin, with thirst. Aconite and arnica alternated relieved her in two hours. The cough yielded in a day or two to ipecacuanha.

"Neuralgia Facialis. Miss —— has been for years subject to severe attacks of facial neuralgia, accompanied by swelling and redness of the lining membrane of the mouth. She had been treated by leeches and various remedies, but the paroxysms yielded slowly, and great prostration of strength was the invariable consequence. I was called to see her on the 17th of March, 1850, and ordered her belladonna, three globules every quarter of an hour; within two hours, relief was afforded, and the cure was completed by arsenicum, succeeded by graphites. No tonic nor any other remedy was required, as had been the case invariably after former attacks.

"A lady who knew of the preceding case sent for me; she was suffering in a similar way; she suspected that homœopathic remedies had been employed upon her friend. I told her that her suspicions were correct. She was not anxious to have them used in her own case, but I overcame her scruples; her thankfulness and surprise for the complete and speedy relief afforded by belladonna was to me most gratifying.

"Threatened Abortion. Mrs. A. (who had previously miscarried at about the same period), was about thirteen weeks advanced in pregnancy. She was seized on the night of Sunday, April 9th, 1850, with bearing-down pains, and sanguineous discharge. Homœopathic preparations and doses of belladonna, aconite and opium, cured her, and gestation went on to the full period.

"Puerperal Inflammation. Mrs. G. was seized on June 23rd, ten days after delivery (under the superintendence of a midwife), with shivering and pain in the uterine region, increased by pressure, attended by suppression of the lochia, and mammary secretion. Tongue was red and glazed,—pulse 110, with constant thirst; anxiety and suffering were depicted in her countenance. Aconite, chamomilla, nux vomica, and calcarea were successively administered. She was convalescent on the 30th, and has continued to nurse her infant.

"Odontalgia. Several cases of almost instantaneous relief have occurred to me; I will relate the particulars of only one. I was called to Master B., suffering from violent tooth-ache, arising from two decayed molars, in the right side of the upper jaw: the gums were hot and swollen. Belladonna and aconite taken alternately every quarter of an hour, afforded speedy and permanent relief, and extraction by the surgeon was rendered unnecessary.

"It would occupy too much space to give details of many *chronic cases* in which I was satisfied of the superiority of the homœopathic practice. In diseases peculiar to women and children, in the protean forms of hysteria and dyspepsia (some of the latter affection we have reported already), we have in our materia medica resources of the most satisfactory kind. In one case always present to my mind, the sufferer who had for long been the victim of daily and nightly opiates, has not for more than twelve months taken a particle of this drug, pain and restlessness having been most effectually relieved by homœopathic preparations *alone*. Those conversant with the distressing sequelæ of opiates, can readily appreciate the greatness of such a boon.

"One case of anasarca I will relate, simply because the subject of it, a man aged 65, had been under allopathic treatment without gaining any relief by it. When I first saw him, his legs and feet were very much swollen and œdematous, ascites likewise existed. The urine was scanty, and of a deep red colour. After taking bryonia tinct., one drop twice in the day, followed by pulsatilla in the same doses, the swelling almost *entirely* disappeared.

"Profuse Discharge of Mucus from the Nostrils. A lady, the subject of this troublesome affection, consulted me respecting it. She was cured by two doses of nux vomica.

"Rheumatism and Sciatica. Thomas R., aged 45, had been confined to the house for two weeks, but had suffered from rheumatism for some weeks prior to his keeping within doors. I found him unable to walk, complaining

of muscular pains in the back and loins, with severe pain down the course of the sciatic nerve. Two days after taking as many doses of bryonia, he was at his out-door work, and has continued to work ever since.

"*Had I continued to entertain doubts upon the reality of action in homœopathic remedies, these would have been removed byt he following proof. I gave a lady for a chronic affection, Mercurius nine globules, divided into three doses; upon calling upon her a few days afterwards, she told me that salivation had ensued. Let it be remarked that she was ignorant of the remedy prescribed, and moreover believed that homœopathic medicines were inert.*

"The foregoing cases then, each one treated by myself alone, convinced me that all my pre-conceived opinions upon homœopathy were erroneous, for it was to the *action* of the remedies administered that the results were due."

We have not space to examine in detail Dr. Ransford's cases; but they are so essentially defective in all that gives value to the history of therapeutic experiments, so identical in their getting up with the style usually adopted by bold charlatans, and so unlike the precise and cautious statements of a truth-seeking scientific man, that we think that by quoting them, with the author's remarks, we have done, perhaps, all that is required to point out their worthlessness. A word or two, however, may be said in reference to the astounding paragraph which we have placed in italics, in which Dr. Ransford announces that, which if it could be repeated, would be admitted by us as a crucial experiment in favour of infinitesimal doses.

If Dr. Ransford salivated his patient with eight globules of a mercurial preparation, he was not administering the drug in Hahnemannic, but in ordinary doses. If patients can be salivated with infinitesimal doses of mercury, the discovery would not have remained for Dr. Ransford to make ; and we can only say, that if we be shown globules prepared in such a way as only to contain the millionth part or the decillionth of a grain of mercury, and if we can also see these globules, in our own hands, or in the hands of trustworthy persons, produce salivation, we will from that moment cease to assert that quantities so minute have never yet been proved to produce an effect upon the animal economy. Dr. Ransford's case of salivation, however, proves too much for his new friends; he ought to have known that the homœopaths delight in telling their patients that their medicines cannot salivate, or produce any other violent action ! We advise Dr. Ransford to learn from Hahnemann's *Organon*, and Mr. Everest's sermon, the nature of homœopathic Mercurius.

Dr. Ransford's dashing exploit with Mercurius is an excellent example of a circumstance which was alluded to at Brighton, and which, as regular readers of the homœopathic press, we have long been aware of,—the utter impossibility of stating the homœopathic creed. It is likewise a good illustration of what Dr. Cormack described upon the same occasion, as "the Protean wiles with which homœopathy sets honesty, consistency, and common sense at defiance". Let us compare Dr. Ransford's salivation story with the writings of Hahnemann, Drysdale, and Black—the master, and two of his most famous British pupils.

In a paper by Dr. Drysdale, in the first volume of the *Homœopathic Journal*, of which he is one of the editors, he says that homœopathic remedies possess neither physical nor chemical characters ; and produce no sensible effect, except the removal of the disease. Dr. Black, in his *Principles of Homœopathy*, writes as follows : "No danger whatever can arise from the administration of the small doses of mercury used in homœopathic practice; so that the slightest danger of injuring the constitution, the great bugbear in allopathic practice, need not be dreaded" (p. 117). Lastly, we think that the following short paragraph from Hahnemann settles the point as regards Dr. Ransford's homœopathic practice. "In the employment of the most appropriate homœopathic remedy, it is only the symptoms of the medicine

that correspond to the symptoms of the disease that are called into play, the former occupying the place of the latter (weaker) in the organism, and thereby annihilating them by superiority of power".—*Organon*, CLV.

As Dr. Ransford is evidently in the hot or first stage of his love, when caresses are yearned for, and criticism ill submitted to, we cannot leave him without one word of comfort and of kindness. "When", said our fair friend in the song, will the laird o' Drummeller "dance like Tam Glen ?" "When", exclaims Dr. Ransford, "will the ordinary doses of blue pill, sublimate, or calomel salivate like our glorious globules—the infinitesimals which offend no palate, which have neither physical nor chemical characters ?" Dr. Whateley, with the ladies of May Fair and Belgravia, in ectasies re-echo, "WHEN ?" But to be serious ; it is evident that our author not only belongs to that rapidly increasing and most influential class, recently described in *Household Words*, under the honourable and thrilling designation of WHOLE-HOG MEN, but that he is entitled to the most exalted position among them. When the Whole-Hog Men get a Royal charter, (which it is said they are to apply for during next session), they will naturally require to appoint examiners, and in discharge of a public duty we now recommend for elevation to the office of President of that Board, the ex-Examiner of the Royal College of Physicians of Edinburgh. We feel assured that the whole of the press—the Fourth Estate of this Realm—will concur in giving him a first-class certificate.

DR. MACLEOD issues his letter to Professor Simpson, from a Water-cure Establishment at Benrhydding, Otley, in Yorkshire, of which he has the charge ; but from which we have heard he was recently on the point of being displaced by the proprietors. We have been told, that along with the testimonials of other candidates, those of Dr. Ransford were sent to the shareholders, upon a probable vacancy being rumoured. There is not much to notice in Dr. Macleod's pamphlet. It is the autobiography of a shallow, self-conceited young man, leavened with a great deal of abuse and misrepresentation of Rational Medicine, especially as taught and practised in Edinburgh. Dr. Macleod eulogises very much his own industry when a student ; but the method he pursued, if correctly chronicled, was certainly ill-adapted to the formation of sound views in therapeutics.

Dr. Macleod states that, though private practice in Edinburgh was "better for his pocket", he eagerly tried to obtain his present post, "with little regard to pecuniary remuneration", and for "the rare opportunities it might afford for the development and promulgation of truth". We should like to know the extent of Dr. Macleod's pecuniary sacrifice. It is sad to think that this young man should have sacrificed his fortune as well as his professional status at the shrine of hydro-homœopathy,—a nondescript system, which is even more disreputable than real homœopathy. His pamphlet is very unfair in its statements, and as offensively flippant in its style as it is heterodox in its philosophy. In point of scientific knowledge and literary tact Dr. Macleod seems to be superior to Dr. Ransford ; but he is less ambitious for status in the fraternity in which Dr. Ransford is so pre-eminently entitled to hold office.

DR. HENDERSON possesses the unenviable notoriety of clinging to the emoluments of a school by which he is despised, and of eating the bread of a University, the fame and income of which he is rapidly destroying. In point of talent he as much excels Dr. Macleod, as Dr. Macleod excels Dr. Ransford ; but his controversial cleverness is of that character which distinguishes the unscrupulous advocate : he has not in him any of the bearing of a right-minded pleader : weighty points in morals and in ethics are decided by quibbles, and throughout, there is a scattering of malicious and irrelevant abuse of his colleagues, and an artful attempt to reach "the Patrons" through their passions, as if they were an illiterate jury, whom he was addressing from the bar of the Old Bailey.

On the 24th of June last, the Medical Faculty of Edinburgh, at a meeting attended by ten out of the thirteen members, unanimously adopted the following resolutions :

"1. *That the public profession of homœopathy by the Professor of General Pathology, is inconsistent with the efficient discharge of the various duties which belong to that chair, and is calculated to injure the University as a Medical School.*

"2. *That the Senatus Academicus be requested to transmit a copy of this resolution to the Patrons of the University, together with the expression of a hope on the part of the Medical Faculty, that some step may be taken to avert the danger thus threatened to the University.*"

Notwithstanding Dr. Henderson's pages of quibbling and declamation, we still remain unable to perceive any ambiguity in these resolutions. He says: "It is scarcely possible to peruse the resolutions without being reminded of the celebrated paradox, that language was given to man in order to conceal his thoughts". On the other hand, the meaning conveyed to our minds by reading the resolutions was, and still is, exactly the plain, common-sense meaning of the words used ; viz., that a man publicly professing homœopathy cannot efficiently discharge the duties of the Edinburgh chair of pathology, which, in addition to the teaching of pathology, embrace the examination of candidates for the degree of doctor of medicine. In performing these functions, Dr. Henderson must either keep back his convictions, or he must avow them, and thus endanger his professorship. By selecting the former alternative, so far as he is concerned, he has reduced medical teaching and medical examining to a hollow formality—a mere selling of diplomas ; for no candidate can be approved by Drs. Alison and Christison, whose thesis and prescriptions are in accordance with the public profession of Dr. Henderson.

After stating that he keeps free from homœopathy in his lectures, Dr. Henderson attempts to show that it is quite honourable and quite moral in him to sit at the same examining board with Drs. Alison, Christison, and Bennett, and Mr. Syme. His morality and his medical creed are so very strange, that we think it best to give his own account of them ; no language of ours could so well point out the character of the man, and the idiosyncrasies of his mental constitution. It will be observed that he quotes Dr. John Forbes of London, as is now the fashion, both with real and bastard homœopaths. Drs. Ransford and Macleod likewise call him in to their aid ; but what advantage they get by garbling the writings of that physician we cannot perceive. Dr. Henderson says,—

" There is but one other professorial duty which I have to perform—the examination of candidates for graduation ; and I have been told by one of the members of the Faculty, who concurred in the resolutions, that there are two parts of that examination, with the conducting of which a *belief* in homœopathy is supposed to be inconsistent. One of these is the criticism of the two or three prescriptions which each candidate is required to write. Now I have not only never denied the existence of allopathic and antipathic modes of administering medicines, but six years ago publicly and plainly, in a treatise on homœopathy, expressed my conviction that such methods of treatment have their measure of advantage, and that in judicious hands many of them are of no inconsiderable service. It matters not that I believe the homœopathic method to be of greatly superior efficacy ; homœopathy is not taught as yet by any professor in the University, and I am not entitled to demand from students a knowledge of what they never were required to learn. In admitting that there are other modes of treatment besides the homœopathic, which may be of service to the sick, I am no more to be charged with inconsistency, than I should be in maintaining that there are slow coaches on the old roads, as well as railway trains on the new. And where only slow coaches are permitted to be employed, I can see no reason why I should be disqualified for passing my opinion on them, merely because

I deliberately think that railway carriages are greatly to be preferred. If a very moderate estimate of the common remedies be inconsistent with a candid judgment of ordinary prescriptions, will the Faculty hold that one of the most eminent of their own school, Dr. Forbes of London, could not discharge that very simple duty, and would be unfit for a medical professorship, because he has declared that things in the old system have came to such a pass 'that they must mend or end'? I apprehend they would not; and yet I do not suppose that I think so meanly of the old system as that gentleman does.

"Precisely the same remarks apply to the other part of these examinations—the criticism of such theses as are submitted to my judgment. The exacting of such essays at all from candidates is an idle custom, and, as in the examination for admission into the Faculty of Advocates, little if anything more than a form. The advocates, I understand, invariably buy theirs; the medical graduates *may* do the same: there is no check to prevent them, and they doubtless often take advantage of the laxity. That I am not singular in thinking lightly of this great duty, will appear from the following anecdote of the late Dr. Gregory, which I have heard from the benignant lips of the present occupier of his chair [Dr. Alison], the almost fabulous strength of whose conservative principles is attested by the circumstance that they could not bend his noble nature to a seeming acquiescence in these proceedings of the Faculty. That celebrated professor, on being condoled with by a friend, on the labour of perusing so many long dissertations as were piled on his table, replied to the following effect: 'You don't suppose I read them through! Do you eat up a whole gigot in order to know the quality of your mutton? A slice is enough.' As for me, I may think our inaugural mutton not always of the best quality, but if it be as good as our pastures at present afford, I am bound to be satisfied, trusting that the progress of scientific culture will provide us by and by with a superior description of both." (pp. 13, 15.)

If the Medical Theses were in Latin, and notoriously written by grinders, as in the days to which the anecdote refers, we could better excuse its introduction; but, as it now stands, it is like many other parts of Dr. Henderson's pamphlet, introduced for the purpose of, by inference, suggesting a calumny. It is very well known, that since 1837, the Edinburgh Theses have been written in English, and have been distinguished for their great ability. And it is also known, that they are carefully classified, according to their merits, by the Medical Faculty.

In farther justification of our criticisms, we quote the conclusion of the pamphlet—the peroration to the Town Council.

"The *odium medicum* can be more tyrannical than the employers of Haynau, and more intolerant than the imperial jailor of Siberia. It may not be easily believed that the prompter of the notable resolutions of the Faculty is the conductor of a medical print published weekly in London, and under the ostensible editorship of the notorious coroner of Middlesex, and radical member for Finsbury; yet I can discover no other explanation of that precipitate revolution in their opinion and purposes to which I have adverted in a former part of this letter. While some member of the Faculty was penning the admission that they did not see 'how they could take cognizance of the principles upon which their colleague chooses to conduct his private practice', that publication had begun a series of abusive articles, in which the Faculty were threatened with extinction if they did not endeavour to get rid of their obnoxious colleague, or protest against his heresies. It is astounding that men in their position should have been terrified by so much bad English, and bad temper, and from such a quarter too; or should have attached the smallest weight to the statements of a writer, who, as Addison says of all 'party liars', is plainly anxious 'to commend his zeal, without any concern for his veracity'. If, in order to prosper, the Medical School of Edinburgh must doff its dignity and independence, and stoop to such a patron

as this, I hope, for the honour of the country, that prosperity at such a price will appear to my fellow-citizens too disgraceful to be endured. I believe, however, that no such humiliation is necessary in order to preserve even that kind of prosperity which the Faculty seem to regard as of primary importance ; and nothing can contribute more to such a result than the cultivation, by each member of that body, of his own department of science without prejudice and without fear, and the exercise of a liberal spirit towards his colleagues. These may not be the arts to win the applause of vulgar and violent men, but they are essential to the happy consciousness of personal rectitude, and to the approbation of the good and the wise ; whose approbation alone is the sure foundation of honour as well as of success. I have the honour to be, my lord and gentlemen, your very obedient servant, Wm. Henderson." (pp. 23, 24.)

We have now enabled our readers to judge of the three pamphlet writers ; but let us leave the mere personalities thrust upon our notice by these gentlemen, and allude to a subject of more general interest and importance.

In our number for June, p. 588, we laid before our readers the Resolutions of the Edinburgh College of Physicians, in which homœopathic charlatanry and its abetters were repudiated. The Edinburgh College did well in passing those resolutions ; but we must say that their subsequent inaction requires some explanation. To rest satisfied with an appeal to the honour of such men as the authors of the publications, the titles of which we have placed at the head of this notice—simply to ask such men to resign, is, we fear, an indication of want of power. What a gratifying contrast to the inaction at Edinburgh, is the uncompromising conduct of the Provincial Medical and Surgical Association of England, which at the last meeting—the most numerously attended of its nineteen anniversaries—unanimously declared— " That there are three classes of practitioners who ought not to be members of this Association, viz.—first, real homœopathic practitioners ; second, those who practise homœopathy in combination with other systems of treatment ; and third, those who under various pretences meet in consultation, or hold professional intercourse with those who practise homœopathy." If the Edinburgh College of Physicians have not the power of expelling quacks and others who set its laws at defiance, it is its duty to demand an amended charter, giving the same power of refusing to admit, and of expelling, which is possessed by unchartered bodies, and without which no community can continue respectable. If an amended charter cannot be obtained, then let the honest men abandon the College ; for to remain in compulsory fellowship with Henderson, Ransford, Macleod, Macdonald, and Gregory, is a truly humiliating position to the individual fellows ; and the existence of a College openly and avowedly composed of regular and irregular practitioners, is an abomination which the profession will not long endure. Action, vigorous and determined action, must be taken in this matter.

We would also call upon the graduates of the Edinburgh University to aid the Medical Faculty in their attempts to eliminate Dr. Henderson. " The question" (as Dr. Cowan well remarked at Brighton) " is one of principle, not of doses—one of morals, and not of etiquette". If the Patrons do not, or cannot respond to the voice of the profession, as addressed to them through the Medical Faculty, or if Dr. Henderson do not voluntarily resign, the doom of Edinburgh as a School of Medicine cannot, we fear, be averted ; for already has its reputation been deeply wounded by lengthened tolerance of a colleague of unenviable fame. Parents very naturally feel that apart altogether from his homœopathy, Dr. Henderson's public ethical profession is a dangerous example to unexperienced youth.

A Practical Treatise on the Management of Diseases of the Heart, and of Aortic Aneurism, with especial reference to the Treatment of those Diseases in India. By Norman Chevers, M.D., Civil Assistant Surgeon, Chittagong, Bengal. pp. 144. Calcutta : 1851.

The present work of Dr. Norman Chevers is an important contribution to the treatment of Diseases of the Heart and of the Aorta. This author had creditably distinguished himself in this country by his pathological investigations, and this treatise on cardiac diseases will still farther increase his reputation, more especially in a portion of the globe where this class of affections appears hitherto to have been inadequately studied, and where, indeed, they appear but rarely to occur, at least, comparatively with their frequency in European countries. We are happy to quote the following passage from the Preface, and we need hardly remark, that we cordially concur in the sentiments therein expressed.

"I am not anxious to recommend the perusal of this treatise to extra-professional persons. It is addressed exclusively to the profession : and I am confident that whatever benefit any reader, not well versed in pathology, might derive from the application of the hygienic rules which it contains to his own case, or to the case of his friends, would be more than counterbalanced by the disadvantage of his contracting a certain proportion of those erroneous views, exaggerated apprehensions, and impulses to injudicious acts, which thickly haunt every item of that grievous evil—a little knowledge of medicine."

In the First Chapter, the author gives a general view of the diseases of the heart and their treatment, remarking very justly, that although the accurate knowledge which has been lately acquired of the pathology of the heart has not hitherto thrown any very striking light upon the treatment, yet the attempt to connect the two should ever be the object of the practitioner, who should reflect, "that pathology and therapeia are inseparable, and that each is the only satisfactory expositor to the other". The author then proceeds to remark, that notwithstanding the serious nature of cardiac disease, it should be recollected that the heart possesses a great variety of compensatory resources to relieve itself from temporary embarrassment, or even to adapt itself to the inconveniences caused by permanent disease, so that it cannot be wholly disabled, unless by causes which absolutely suspend its nervous supply, or destroy some vitally important part of its mechanism. "When", says Dr. Chevers, "we find that life may be continued for many years where the heart is crippled by such defects as closure of the ostium of the pulmonary artery, or obliteration of the thoracic aorta, a hope of obtaining the aid of nature's adaptive resources in our plans of treating much less formidable impairments of the organ, becomes our leading encouragement. We then learn to perceive the necessity of not trusting merely to the symptoms in heart disease ; but, having diagnosticated the particular lesion which exists, our object is to be enabled to judge, with almost mathematical precision, what consequent morbid changes are likely to occur ; and to perceive, with the utmost clearness, those saving adaptations of parts and compensatory alterations of functions, which also have a tendency to become established. This done, our main efforts will be directed to averting the former, and to promoting the latter." (p. 7.)

We cannot resist the temptation of comparing the above passages with some remarks made by Dr. Semple, in a paper published in this Journal in November last, upon the same subject as that treated so ably by Dr. Chevers, and of expressing our satisfaction, that two writers in different parts of the world should have arrived at the same important conclusions. "If", says Dr. Semple, "it can be proved that actual organic disease of the valves of the heart may exist for a considerable period, and without shortening the average duration of life, such a conclusion may tend to divest this class of

maladies of some part of the terror which their existence now so commonly inspires. . . . . And if such be the consolation which may, I think, be fairly afforded to those suffering under confirmed and extensive disease, how much more applicable is it to those who are affected only by some of those minor affections of the heart and its valves, which occur so frequently among the sequelæ of rheumatism?" In another portion of the same paper, Dr. Semple alludes to the accuracy which now attends the diagnosis of cardiac disease, but asks, "whether this branch of medical science has not been pushed somewhat too far in modern days; and whether, led away by the brilliancy of the researches into cardiac diseases, and fascinated by the simplicity which now attends their investigation, some practitioners do not lay too much stress upon the aids derived from auscultation, and neglect the attendant phenomena, which modify the healthy and morbid conditions of the central circulatory organ?"

Dr. Chevers then proceeds to show that most of the prominent symptoms which occur in cardiac disease, are evidences of nature's attempts to assist the heart in the performance of its functions, or to overcome an impediment to the circulation. Palpitation, accelerated pulse, quickened respiration, and the signs of hypertrophy, are some of the earlier, more favourable, and more successful symptoms; while dilatation, pulmonary, hepatic, splenic, and renal engorgements, hæmorrhages, dropsical effusions, and dyspnœa, are the later and less fortunate.

In the Second Chapter, the author sketches out the following indications of treatment, which he comprises under six heads. "I. To diminish, if possible, the valvular or other immediate causes of obstruction. II. To endeavour to remove all causes of impediment to the circulation existing in the lungs, abdominal organs, and capillary system generally. III. To lessen vascular distension by reducing the bulk of the circulating fluid, without impoverishing the system. IV. To sustain or restore the power of the heart, and to reduce the capacity of its dilated cavities. V. To equalise the circulation, and to maintain free vascular action in the surface, by regulating the temperature, clothing, etc., and to provide due access of pure and well-oxygenised air. VI. To remove and avert irritation and excitement of the nervous system, and to procure, as far as possible, rest and tranquillity of body and mind." (p. 13.)

In fulfilling the first indication, the author of course does not pretend to recommend any plan for the removal of old-standing obstructions of the cardiac orifices; but he very justly and very forcibly points out the necessity of paying the greatest attention to the earliest evidences of endocardial and arterial thickening, and of removing the deposit while it is still recent and plastic. The impediment may be due either to the presence of clear fibrinous deposit in the sub-endocardial fibrous tissue, or to the deposition of lymph or fibrinous coagula upon the free endocardial surfaces of the obstructed orifice; and each of these conditions will require appropriate treatment. The author admits, however, that it is not very easy to distinguish these two states, but he considers that the sounds of the heart will materially assist the diagnosis, and that these will be louder when the deposit is on the surface of the valves, than when it is below the lining membrane. He also conceives, that the case is far more curable when the deposit is confined to the fibrous tissue, than when it is situated upon the free surface of the valves. The treatment which the author considers to be most beneficial in removing the products of inflammatory action from the cardiac orifices, consists in the cautious administration of long-continued mild courses of mercury, alternating with iodide of iron, and iodide of potassium; but he deprecates salivation, starvation, or the excessive use of tonics, or of iodine. The mercury should be given in small doses, and carried only so far as just perceptibly to affect the patient's breath. The mercury should be discontinued at the end of about two months; but the use of the various preparations of iodine may be

persisted in, with occasional intervals, for at least a year. Frictions of tartarised antimony should be continued as long as they can be borne, and, subsequently, one of the best external applications is a plaster spread with ung. hydrargyri mixed with camphor. But far better than any treatment adopted *after the deposit has taken place*, is the attempt to cut short the disease at its onset, or even to prevent its appearance; and although there are few practitioners who are ignorant of the risk of heart-disease supervening on acute rheumatism, yet the subject is so important as to justify us in placing the following passage, in reference to this subject, before our readers.

"In every case of acute rheumatism, cardiac inflammation is threatened; and in every case of acute rheumatism occurring in a young adult, the danger of that untoward complication is so imminent, as almost to appear inevitable to one who has repeatedly watched these cases. Here, then, it becomes one of our leading duties to watch, almost hourly, for the first evidences of the change from mere febrile excitement of the heart, to that evident disturbance and embarrassment; that disordered, but muffled action, which generally characterise the onset of acute cardiac disease. These warnings may usually be recognised and acted upon long before præcordial distress is complained of, or the patient is aware that his chest is in any way affected. This is the stage at which a small local bleeding, followed by active counter-irritation, and the cautious use of mercurials, is most effectual. It is true that the early employment of these means will not always prevent the development of the advancing pericardial or endocardial lesions; but it evidently breaks the force of the first onset of the acute disease more effectively, and moderates the attendant symptoms more rapidly, than is almost ever the case, when the same or stronger measures are employed at a later stage." (p. 27.)

Dr. Chevers recommends local in preference to general bleeding, which is in accordance with the views generally held by British practitioners; and in recommending the use of colchicum, he states that in India this drug requires always to be guarded by opium, as in that country a few moderate doses are liable to set up a dangerous and intractable form of diarrhœa.

After treating at large of the remedial measures to be employed in acute disease of the heart, the author next details the methods which ought to be adopted, in order *to remove all causes of impediment to the circulation existing in other organs;* for he very justly remarks that, even where confirmed heart-disease exists, yet, if the other organs of the body continue in a moderately healthy condition, the patient's life may be spared for many years. "We know," says Dr. Chevers, "that the most ordinary forms of exocardial and endocardial disease, adherent pericardium and valvular contraction, certainly do not, generally and of necessity, destroy life, by their own advance and by the influence which they exert in gradually impairing other organs, in less than from ten to fifteen years: and the duration of their progress is found to be occasionally longer even than this. The occurrence of death from causes confined to the heart itself, is a comparatively rare event. In the generality of fatal cases, life is cut short prematurely, either by the outbreak of acute disease in other organs, or by the superaddition of diseased actions of a more insidious character to those gradual deteriorations which the fixed error of the circulation is itself imperceptibly working. It is especially the pulmonary and hepatic structures which suffer under these circumstances. Acute disease of the lungs destroys life in at least three-fifths of the cases of chronic heart-disease." (p. 48.) The author then proceeds to classify the causes of obstruction to the circulation, exterior to the heart, into two divisions, namely, the *permanent*, and the *removable*. Among the *first*, he enumerate malformation of the chest and spine, organic disease of the bronchial tubes and lung substance, large aneurisms of the aorta, stricture or obliteration of that vessel, organic disease of the great abdominal viscera, and obliteration of the great venous trunks: among the *second*, he specifies

bronchitis, pneumonia, ascites, anasarca, immoderate obesity, congestive disease of the abdominal viscera, and habitual distention of the stomach and bowels. Judicious methods are then laid down for ameliorating the patient's condition, as far as possible, in the first class of cases, and for removing the complications in the second.

In enlarging upon the third indication, namely, to *lessen vascular distention by reducing the bulk of the circulating fluid, without impoverishing the system*, the author strongly recommends very great abstinence in the ingestion of liquids, upon the principle that mere distention of the vessels and of the cavities of the heart, increases materially the embarrassment of the circulation in cardiac disease, while, in cases where the quantity of circulating fluid is small, there is entire or comparative absence of dyspnœa. Although, therefore, the author does not adopt the extreme views of Valsalva, he nevertheless recommends, in heart-disease, a systematic reduction in the quantity of the fluid and solid ingesta, together with the production of diaphoresis and diuresis, and the occasional employment of *small* bleedings. In relation to the ingestion of liquids, Dr. Chevers thinks that a very small quantity is required, even in the healthy condition ; and declares his own conviction, founded upon personal experience, that on the average, a man requires no more than about one pint and a half of liquid in the twenty-four hours, in cold or temperate weather, and will scarcely be compelled to exceed two pints in a hot climate; and in all cases of cardiac disease, and in asthma and chronic bronchitis, he strenuously recommends that the patients should reduce their supply of fluids as nearly as possible to the above standard. The directions for acting upon the skin and the kidneys, and for the cautious adoption of small bleedings, are judicious and sensible, but do not contain any novelty worthy of detailed description.

The fourth indication is *to maintain or restore the power of the heart, and to reduce the capacity of its dilated cavities.* In this section the author very elaborately combats the idea of hypertrophy of the heart being a morbid condition of that organ, and regards it rather as a compensatory arrangement to counterbalance the injury to the system which would result from a dilated and therefore attenuated condition of the cardiac walls. He entirely disbelieves in the existence of "concentric hypertrophy"; which disbelief he shares with the greater number of pathologists, who justly consider this state as resulting from muscular contraction only, apart from morbid change ; and eccentric hypertrophy he regards as being always superadded to dilatation : he also combats the idea that a hypertrophied heart induces a morbid condition in other organs, and quotes Dr. Walshe, who has adduced many arguments to prove, that cerebral effusions are by no means so commonly associated with hypertrophy of the heart as is sometimes supposed. Even when these two great organs are both affected, Dr. Chevers by no means admits that the hypertrophy of the heart is the *cause* of the morbid condition of the cerebral vessels : he rather regards the dilatation and weakness of the cerebral vessels to be a contemporaneous change with the dilatation of the heart, but considers that the latter organ has been strengthened by the supervention of hypertrophy, while the cerebral vessels have remained weak from the absence of any similar compensating process, and have therefore eventually given way under circumstances of excitement. Dr. Chevers therefore considers that dilatation of the heart and of the vessels is a truly morbid condition, and that it constitutes a most dangerous form of disease ; but that hypertrophy is to be regarded rather as a healthy than as a morbid process, and that no attempt should be made to treat it by remedial means. This view of the subject is not that which is generally adopted by the best writers and practitioners, and, as far as we know, the only authority who advocates the same opinions is Dr. Joseph Ridge, who is mentioned by Dr. Chevers in terms of great respect : but we are so struck with the ingenuity with which the question is treated, that, while not entirely agreeing with these authors in

their novel interpretation of the pathogeny of hypertrophy, we nevertheless hesitate to condemn their speculations, founded as they are upon practical experience, and backed by some sound pathological reasoning. In the corollary, however, drawn by Dr. Chevers from his previous arguments, we by no means coincide; for he asserts, that the employment of digitalis and other sedatives is inadmissible, either upon occasions of great emergency or when systematically administered. We are by no means advocates of the indiscriminate use of digitalis in heart-disease; when the valves are seriously affected, we believe it to be more injurious than beneficial; but in cases of hypertrophy, without valvular disease; when the impulse of the heart is strong, and the sounds muffled; when the organ beats like a sledge-hammer against the walls of the chest, elevating the ear and head of the stethoscopic observer; when its action is tumultuous, and there is dyspnœa on the least exertion,—in such cases we have been invariably in the habit of employing small doses of digitalis, combined with opium or henbane, and always with the happiest effects; the tumultuous action of the heart gradually subsides, the respiration becomes easy, and the countenance less anxious, and after this cautious administration of the remedy, the patient, although not restored to perfect health, is placed in a condition of comparative comfort.

In considering the fifth indication, the author makes some very appropriate remarks upon the necessity of warm clothing, the avoidance of chills, and daily friction of the whole body, in cases of cardiac disease; and he also insists upon the necessity of a due supply of pure air. He enters also at some length into the consideration of the modes of dress adopted, both in military and civil life, and points out some of the injurious effects produced upon human health by the tyranny of fashion, or the absurd views entertained by the superior military authorities, and he particularly alludes to the stiff stock of the soldiers, the cuirasses worn by some of them, the habit of wearing thick woollen cloth, even in the hottest climates, as among the fertile causes of diseases of the circulatory organs among our army.

In enlarging upon the sixth indication, the necessity of removing irritation and excitement is particularly insisted upon, and the author warmly advocates the establishment of asylums for patients afflicted with heart-disease, as the most humane method of alleviating the sufferings of this portion of the community, and of prolonging their span of life, by extending to them comforts which, at present, they are unable to obtain, such as "the happiness of crouching over a brilliant fire in winter, and of basking undisturbed in the summer sunshine", and an immunity from those cares and anxieties, which prey heavily enough upon those who enjoy tolerably good health, but which inevitably shorten the days of the cardiac sufferer.

We have entered into a somewhat lengthened analysis of Dr. Chevers' book, in consequence of the sense which we entertain of its great merits. We cordially recommend it as one of the best works on the treatment of cardiac diseases which it has been our fortune to peruse. We regret to observe that the author is not acquainted with the valuable papers of Dr. Williams and others on this subject, which have appeared in the London Journal of Medicine.

Homœopathy Unveiled; or Observations on Hahnemann, his Doctrines, and Treatment of Disease. By William Perrin Brodribb, M.R.C.S.Eng., Member of the Court of Examiners of the Society of Apothecaries. pp. 29. London: 1851.

Of all the forms of quackery which abound in the present day, to the discredit of the profession, and the injury of the public, that which goes by the name of homœopathy is undoubtedly the most flourishing. Yet, strange to say, the success of this system is in the inverse ratio to its merits; and while of all the grades of empiricism it is undoubtedly the lowest, so, on the other

hand, has it the greatest number of disciples and advocates. Every other kind of quackery has some basis to rest upon: we believe that the system of scouring out the bowels by Morison's pills is not destitute of something like a plausible foundation: the drenching of the patient by floods of water externally and internally, as adopted by the hydropathists, is another instance of a good thing carried to excess: and the Mesmeric humbug is not without a certain degree of credibility, and affords some amusing instances of the vagaries of the nervous system when in a morbid state. But a doctrine like that of homœopathy, which tells us that diseases are caused by the same remedy which cures them, and that the efficacy of a medicine is in the inverse proportion to its dose; and which then builds upon this sandy foundation a superstructure which has no sort of relation to it, and, indeed, overwhelms it—such a doctrine, we say, it is idle waste of time to attempt seriously to controvert. But as there are, no doubt, some conscientious persons who are anxious to know the merits of a system which finds at present so many advocates, and as the silence of the respectable members of the profession on the subject might be construed into an acquiescence with its dogmas, we are not sorry that Mr. Brodribb has favoured the profession and the public with the pamphlet now before us. We may remark, that he has treated the subject with remarkable calmness and perspicuity; and unless the persons who subscribe to the homœopathic doctrines have entirely taken leave of their senses, we think they cannot fail to be convinced by Mr. Brodribb's clear and luminous mode of argument.

The worst feature in the homœopathic quackery is the enormous amount of duplicity and prevarication with which it is mingled, and of which the late cases of Mr. Hayle, who graduated at St. Andrew's, and of Mr. Pope, who attempted to graduate at Edinburgh, are flagrant instances. We feel a sentiment of pity for the imbecility which leads even clever men to make mistakes in doctrine and practice: but we have no compassion for those who know what is right, and pursue what is wrong.

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY. London: 1851.

This work is worthy of much commendation, for the amount of information which it supplies, and also for the general accuracy of that information. It ought, however, to be called "The Medical and Quack Directory": for we find Hahnemann Hospitals, Hahnemann Medical Societies, and lists of homœopaths and hydropaths set forth, as if the profession looked on them as portions of the medical commonweal: as if medical men and quacks had an equal claim to the confidence of the public. We beg to tell the conductors of this work, that they have, in their last edition, perpetrated—inadvertently, we believe—an insult upon the medical profession—and that it must not be repeated. The first offence may be excused; but if the *Directory* for 1852 be not expurgated of the names of the notorious charlatans to whom we have alluded, and who are now formally repudiated by the Scottish Colleges, and by the unanimous vote of the most influential and most numerous association of medical men in England, the profession will deal with the editors as deliberate transgressors.

We refrain from farther remarks at present: and we trust that when the volume for next year issues from the press, we may be able to bestow on it an unmingled meed of praise. In the mean time, we advise our readers not to order the work till the editors have given an assurance of its being, as its name implies, only a "*Medical* Directory".

CRITICAL DIGEST OF THE BRITISH AND FOREIGN MEDICAL JOURNALS.

ANATOMY AND PHYSIOLOGY.

SUPERNUMERARY FIMBRIATED OPENINGS IN THE FALLOPIAN TUBE.

M. A. Richard, Junior, in making examinations of the Fallopian tubes, has discovered the occasional presence of supernumerary fimbriated extremities in these organs. He found them in five subjects out of thirty. The normal extremity existed in all the cases. Below this, at a distance of from some millimètres to two or three centimètres, there was a second orifice, furnished with fringes like those of the normal opening. A wire could always be passed through the fimbriated extremity, so that a communication between the interior of the tube and the peritoneal cavity could be made out. By gently pushing the wire towards the abdominal or the uterine orifice, it passed either through the true fimbriated opening, or into the uterus.

Of the five subjects, one was a fœtus at the full period, presenting two supernumerary orifices ; another was a girl, aged 15, who had not menstruated—she also had two additional orifices ; the other three were adult women, who each presented one supernumerary opening.

M. Richard hints that this structure may throw some light on the cause of the abdominal variety of extra-uterine pregnancy. [*Reports of Biological Society of Paris*, in *Gazette Médicale*, June 28, 1851.]

PRACTICE OF MEDICINE AND PATHOLOGY.

CONGENITAL SYPHILIS.

The transmission of Syphilis from the parent to the offspring has of late excited much attention, and especially has been made the subject of an animated discussion in the French Academy of Medicine. The articles which we propose to bring under the notice of our readers are—

I. A memoir on Syphilis in Children, by Dr. Deutsch, of Nicolai in Upper Silesia, published in the *Journal für Kinderkrankheiten* for March and April 1851.

II. Discussion in the Académie de Médecine in Paris, between MM. Cazeaux, Paul Dubois, Ricord, Gibert, etc. Vide *Gazette Médicale de Paris*, June 21, July 5, 12, and 19 : also a case related to the Académie by M. Depaul, published in the *Gazette Médicale* for July 26.

Dr. Deutsch's Memoir. It is well settled that syphilis can be communicated to a fœtus by its parents : experience has proved it, and has controverted the opinions of those who have asserted the contrary. It is beyond doubt, that the child of a woman suffering from constitutional syphilis comes into the world with evident syphilitic symptoms, or exhibits the trace of the mother's disease in its weak, sickly development. But it is not so clearly established that a child begotten by a syphilitic father will, when born, show such marks of disease, unless the mother have been also affected : experience seems to have only pointed out that, as a consequence of syphilis in the father, the child will be born with a depraved constitutional habit, generally in the form of scrofula or rickets. Notwithstanding that the subject has occupied much of the attention of physicians, several questions still remain obscure : these are,—1. How is it to be explained, that syphilis does not always pass from the parent to the child—that, indeed, instances of this are not very rare ? 2. How is syphilis communicated by the father to the child, without the intervention of syphilitic affection in the mother ? 3. Is it

established by experience, that miscarriages very frequently result from syphilis in the parents, and that the fœtus is then usually born in a putrid condition ; many physicians have made the observation, that such abortions more frequently follow when the father than when the mother is affected ;—is this really the case, and, if so, how is it to be explained ? 4. Why are the symptoms in new-born children much more rarely those of primary than of secondary or tertiary syphilis ?

1. The first question is difficult to be answered : for gouty, hepatic, scorbutic, or carcinomatous parents sometimes produce perfectly healthy children. We can only imagine that the father has been temporarily healthy, especially at the time of procreation ; and that the diseased state of the mother has been interrupted during the period of pregnancy, as is sometimes the case in pulmonary consumption.

2. The second question is sufficiently explained by the fact, that, for the infection of the embryo, it is sufficient that the male fluid be impregnated with the poison, while the mother may escape infection,—the more easily, the less opportunity there is of coming into contact with syphilitic eruptions.

3. It is uncertain whether the fact stated in the third question—that syphilis in the father is more liable to produce abortion than in the mother, is correct. The English surgeons believe this to be the case ; the French, and among them Ricord, contradict it. It may be, that diseased semen, from a syphilitic father, may produce a diseased germ, incapable of coming to maturity ; and that the death of the embryo may thus be produced more readily than when a syphilitic mother has to supply nourishment to an otherwise healthy germ. This view is confirmed by the fact, that men, who have at an earlier period suffered from syphilis, but have been apparently cured, produce syphilitic children far more frequently than women who have been in the same circumstances. Prostitutes, who have often gone through the whole series of venereal affections, are, when healed, more frequently the mothers of sound children, than men are the fathers under the same conditions.

4. With regard to the fourth question, we must remember that primary syphilis is not so rare in new-born children as is generally supposed. Many forms are not recognised as primary, because they appear on unusual parts of the body, as the umbilicus, mouth, and eyes. A primary syphilitic affection can, however, perhaps only arise in new-born children in its passage through the organs of a diseased mother, or from contact with venereal eruptions in the mother, nurse, midwife, or other persons. It will then not be so likely to appear on the genital organs, as wherever contact has taken place ; and especially so, the more ready the child's skin, particularly on certain parts of the body, is for infection.

Secondary Symptoms in New-born Children. The forms under which secondary syphilis appears in children, are mostly impetiginous spots, from the size of a pea to that of a silver *sechser*, of a dirty copper-colour, apparently, but not really, raised above the skin, and unchanged both in a cold and in a warm temperature. Their principal seat is the inner and back of the upper part of the thigh ; they may also occur at the lower part of the thigh, in the vicinity of the joints, on the glutæal region, the face, the hypogastric region, and other parts of the body. Sometimes a desquamation of the epidermis, as in herpes furfuraceus, takes place at their circumference. More rarely there is a formation of bullæ, and this occurs in two forms. Sometimes the bullæ are like those of pemphigus ; they are of the size of a pea, bean, or hazel-nut, and filled with a clear lymph : they easily flatten, and change into large superficial ichorous sores, with ragged edges, having a tendency to spread. The other form is more pustular, very like itch, but the pustules are filled with a much clearer and more transparent reddish pus. The pustules dry on their surface, and form a rough brownish scab ; and beneath them is formed an ichorous ulcer, which penetrates deeply. One or both of

these forms may be accompanied by non-eruptive skin affections, especially by erysipelatous redness and tension, principally in the loins, buttocks, and genital organs, differing, however, from true erysipelas in being painless, and in the permanence of the colour on pressure. Sometimes this pseudo-erysipelas appears on the soles of the feet. There are, moreover, boils of various size and irregular shape, of a doughy feel, painless, covered with unchanged epidermis, and which frequently, after they have long remained of the same size and shape, spread laterally, without being disposed to burst.

Impetiginous syphilitic affections are more rare. They occur especially in the form of verrucæ, closely resembling true pocks just before suppuration, in their size, form, contents, and areola; they are especially numerous on the upper part of the body, principally the neck. In their further course, they pass into purulent and exulcerating pustules.

An old wrinkled face, dull weeping eyes, a flabby, miscoloured, cold skin, desquamation of the epidermis, obstinate intertrigo in the upper part of the thighs, in the axilla, in the neck, and behind the ears, obstinate coryza and stuffing of the nose, panaris and paronychia, and ulceration of the angles of the mouth, are usually the concomitants and the confirmatory symptoms of the syphilitic manifestations described above. Extremely rarely there occur chancre-like, round, fatty ulcers on the genital organs, the anus, the mouth, and the orifice of the nares. Still more rarely, condylomata are found. Mauthner (*Journ. für Kinderkrank.*, Bd. xv, Heft 1 and 2) says, they are not flat before the second year, nor pointed before the seventh. The same writer states that syphilitic diseases of the joints do not occur before the seventh year; I have not yet observed such affections in children.

Syphilitic ophthalmic affections occur in two principal forms:—1. As blennorrhœa, perfectly like the disease known as *ophthalmia neonatorum*, but far more rapid in its course and dangerous to the eyes. 2. Psoriasis of the eyelids, with tylosis and rapid induration of the mucous glandules.

This seems to us to be the proper place to introduce such parts of the discussion in the Academy of Medicine as related to certain alleged symptoms of syphilis in children.

The first object that claims attention is the *change in the lungs*, alleged by M. Depaul, in his memoir presented to the Academy, to result from syphilis; which memoir was the original cause of the discussion. M. Depaul described in his memoir, the purulent collections found in the lungs of infants who are born dead, or who die soon after birth, as indicative of syphilis. This alteration has been already pointed out by several observers, as Baron, Billard, Husson, Sestier, and Cruveilhier. Some of them thought that the collections consisted of softened and suppurating tubercles; others, that they were abscesses resulting from circumscribed inflammation: but no one, before M. Depaul, had ascribed them to congenital syphilis. He has observed them about fifteen times: he cited two cases. In the first case, the mother offered no trace of syphilis at her delivery, but M. Depaul found that she had previously had a chancre, and that she had been treated in a venereal hospital. The infant died some instants after birth. It had bullæ of pemphigus in the plantar and palmar regions; the thymus body was a little larger than usual, and had in each lobe a small cavity, filled with a grumous, yellowish, thick matter. At the apex of the left lung, there was a projection externally, of the size of a small nut, and of a yellowish tint. It was not softened in the centre. In the other case, the state of the lungs showed that the infant had breathed very imperfectly for twenty minutes after birth. The parts into which air had not entered appeared as irregular masses, of various sizes. The upper lobe of each lung contained a mass of the size of a large nut; and smaller ones were scattered throughout the other lobes. On incision, they were found to be formed of a yellowish compact tissue, with a cavity in the centre, containing a yellowish sero-purulent liquid, which, both to the eye and under the microscope, presented

the characters of pus. The thymus body contained a small quantity of pus in each lobe ; and there were a considerable number of bullæ of pemphigus on the hands and feet. The mother of this child said that she had never had syphilis, nor could any traces of it be detected in her. The father had, however, two months before the commencement of his wife's pregnancy, contracted an indurated chancre, which had been merely treated by emollients and slight cauterisation. He had subsequently had secondary symptoms.

This affection of the lungs, according to M. Depaul, rarely exists alone, but is generally accompanied by other manifestations of syphilis, as pemphigus, purulent collections in the thymus, or enlargement of the liver. He believed that this affection of the lungs must be added to those signs which are considered indicatory of congenital syphilis.

M. Cazeaux, who reported on the memoir of M. Depaul, doubted the constant venereal origin of the purulent collections in the lungs. The questions to be determined were:—1. Whether the presence of pus could be explained in any other way ; and, 2. Whether M. Depaul had logically demonstrated its syphilitic origin ? He (M. Cazeaux) believed that these abscesses might arise from common circumscribed or lobular pneumonia, without having a syphilitic origin.

M. Ricord said, there was no doubt that syphilis could produce pulmonary lesions. The ancient writers—and especially Lieutand—were aware of this. He had seen changes in the lung perfectly analogous to those recorded by M. Depaul, and which could not be referred to true tubercles, nor to simple pneumonia, nor to metastatic abscesses, nor to resorptive fevers. They were, on the contrary, closely connected and of simultaneous occurrence with other well-marked symptoms of syphilis, such as deep tuberculisations in the cutaneous tissue, gummy tumours of the cellular tissue, diseases of the fibrous and osseous tissues, etc. Opportunities of making autopsies have rarely been afforded ; but M. Ricord had observed some patients, presenting indubitable symptoms of tertiary syphilis, who had all the symptoms of pulmonary phthisis, except tuberculous expectoration, and who recovered from this under antisyphilitic treatment.

M. Paul Dubois supported the views of MM. Depaul and Ricord.

The subject of *pemphigus* also excited considerable discussion.

M. Depaul stated in support of his opinion, that the purulent deposits in the lungs are venereal, that he found them to coexist with pemphigus, purulent collections in the thymus, or enlarged liver ; which he considered as manifestations of syphilis. This opinion was contested by M. Cazeaux, who doubted the constant specific origin of these affections. In this he was supported by M. Gibert, who observed that "in the child, the most usual manifestations of syphilis were varioliform pustular eruptions, and varicelliform vesicular eruptions, or mucous papulæ or flat tubercles. He had not observed a true pemphigoid affection either in the child or in the adult. True *dartres*—humid and scaly or scabby eruptions of eczema and impetigo—were not among the manifestation of syphilis."

M. Ricord expressed his belief that any organ of the body may be affected by syphilis, though some have a greater resistant power than others. All cutaneous affections, he thought, have their syphilitic representatives ; and he saw no reason for supposing pemphigus to be an exception to the general rule. "If syphilis, in producing its constitutional effects, acts in the same way as other common causes tending to the same results ; and if pemphigus often arise from bad hygienic conditions, such as unhealthy habitations, bad or insufficient food, etc., may it not be developed in the same manner in the fœtus ? Is not a syphilitic mother, in fact, an unhealthy habitation ; and does she not furnish bad material for nutrition ?" M. Ricord long hesitated to admit syphilitic pemphigus ; but he says he was convinced of its existence by two cases, in which pemphigus appeared in syphilitic patients in

common with other symptoms, and was affected, as to increase or decrease, in the same way as they were.

M. Paul Dubois also believed firmly in the existence of syphilitic pemphigus. The following description of the affection was given by him in the course of the discussion in the Academy.

"Syphilitic pemphigus is characterized by vesicles, generally voluminous and closely placed: they are almost always filled with a strongly yellow pus. They are most developed on the palms of the hands and soles of the feet; they rest on the skin, the violet or blue tint of which contrasts with the rosaceous colour of the surrounding part. In these situations, the vesicles are generally so close that they touch, and seem to be joined at some part of the base. The vesicles on the other parts of the body are commonly more separate and smaller; and the skin on which they rest does not present the violet or blue tint in so high a degree; and this tint is even mostly absent on the trunk. Syphilitic pemphigus generally appears before birth; so that there may be seen, as soon as the child is born, some vesicles already empty, while others are just commencing, and others again fully developed. The bottom of the opened vesicles is formed of a red dermis, sometimes sound, sometimes superficially eroded; in a smaller number more deeply so. In the latter case, the borders of the wound are sometimes a little raised and rounded, and there is at various points an appearance of the later stages of ecthyma. This eruption most frequently exists in well-developed infants, in whom nutrition has been quite normally performed up to the moment of their birth. In all the cases where pemphigus has distinctly presented the characters which I have pointed out, the children have died in a few days. The alteration in their health has been so profound and rapid, notwithstanding the care bestowed on them and the precautions taken, that it has been most frequently impossible to attribute their death to any other cause than their syphilitic affection.

"Such are, in my opinion, the characters of the pemphigus of new-born children. I do not consider, as a manifestation of syphilis, a few vesicles, appearing after birth in feeble children, commonly scattered over the trunk, without any alteration of the skin beyond a slightly rose-coloured areola, and disappearing spontaneously in a few days. Krauss was therefore wrong in confounding together, under the title of pemphigus of new-born children, the simple and the syphilitic forms; and it is probably due to the influence of the ideas contained in his work, that the syphilitic characters of pemphigus have been so long misunderstood.

"In most of the cases which I have observed, I have been able to determine old traces of syphilis in the parent, or have obtained confirmatory information from them. When I have not succeeded, it has almost always been in the absence of the father. A remarkable fact was shewn by me to the late M. Cullerier, junior. He had requested me to shew him an infant affected with pemphigus, as he had not seen a case. An occasion soon offering itself, I showed him a child, born alive, perfectly developed, and covered with bullæ of pemphigus. The mother also presented too evident traces of an unhealed old venereal affection, which had just destroyed a part of the nasal bones, producing the characteristic deformity.

"In one of the first infants which I saw affected with pemphigus, and who died almost immediately after birth, there was a shallow elliptical ulceration, covered with concrete pus, on the left anterior pillar of the velum palati. Behind, on the corresponding part of the mucous membrane of the pharynx, there was a deeper patch of ulceration, covered with a layer of partly dried pus. In another child, covered with bullæ of pemphigus, the left ala of the nose, with the upper lip, presented a deep erosion of the skin, covered by a tolerably thick crust: it was evidently the excavated base of a bulla of pemphigus, or rather of a pustule of ecthyma mixed with the prevailing eruption. There was also a superficial ulceration on a neighbouring part of the

pituitary membrane ; and another had completely perforated the nasal septum. These lesions were observed immediately after birth.

"About twelve years ago, I attended a young woman whose husband, having at the time primary syphilis, was imprudent enough to cohabit with her ; he also neglected to employ effectual curative treatment. After some months, secondary symptoms appeared in both. The young woman became pregnant, and was delivered, at four and a half months, of a fœtus which appeared to have been dead some days. I called M. Chomel in consultation ; and we agreed that both the man and his wife ought to be put under anti-syphilitic treatment. It had been followed rather irregularly for three months, when a second pregnancy supervened. The child was unexpectedly born a short time before full term : it was dead, and covered with pemphigus. Becoming pregnant a third time, the young woman consulted M. Moreau. The child was born alive, and apparently well, at the full term ; but, in about a fortnight or three weeks, a syphilitic eruption appeared. By the advice of MM. Moreau and Baron, it was put under a course of antisyphilitic medicines, and recovered." M. Dubois then went on to controvert the opinion of M. Cazeaux with regard to pemphigus.

M. Cazeaux, in replying to M. P. Dubois, observed that it is not new to attribute pemphigus to syphilis ; and that neither the erosion of the dermis, nor the seat of the disease on the hands and feet, were proofs of the venereal origin of the affection. The characters of the disease, as given by M. Dubois, would also answer for chronic pemphigus. In the cases cited, M. Cazeaux was inclined to believe that, considering the rarity of the occurrence, pemphigus appeared in the children "*although* they had syphilis, not *because* they were so infected."

M. Danyau had seen many children born with pemphigus. Many of them were the offspring of syphilitic parents ; of the rest, nothing definite could be ascertained. He would not therefore absolutely allege that pemphigus was a constant sign of syphilis ; but he was much inclined to believe, with M. Dubois, in its syphilitic origin.

At the meeting of the Academy of Medicine on July 22, 1851, M. Depaul related a case, of which the following is an abstract.

Case. G., aged 24, was admitted into the obstetric ward of the Clinique on August 2, 1850. She had been of good health, and had lived in Paris three years. Soon after her arrival, she became pregnant by an apparently healthy man, and was delivered of a dead child at the eighth month. She again became pregnant by another man, who appeared quite sound ; and, in about two months, she had a sore in the labia majora, which was treated as a chancre by cauterisation, and was apparently cured. Three months after, however, she felt something unusual about the anus and vulva ; and, on being examined at her delivery, she presented patches round the anus and on the external genital organs, of a syphilitic character.

The child was small, apparently of eight months' growth. Nothing was discovered on the skin but a well marked violet tint on the palmar and plantar regions. For two days, the infant took the breast readily, and otherwise appeared well, except that the respiration seemed rather imperfect and hurried. Forty-eight hours after birth, there appeared on the palms and soles a pretty large number of circular vesicles, varying from the size of a hemp-seed to that of a large lentil-seed, and all filled with a cloudy milky serosity. From this time, the countenance of the child was expressive of suffering. Several of the bullæ were torn by rubbing against the clothes, and yielded a slight sanguineous exudation. The infant cried constantly, and refused the breast. On the fifth day, there appeared, in the vicinity of the mouth and nares, several groups of small vesicles with a transparent apex and a conspicuous copper-coloured base. About the genital organs there also appeared mucous patches of a decidedly venereal character. On the next and following days, the patches of eczema became converted into blackish scabs ; some of them ex-

tended into the nostrils, and greatly impeded respiration. Deep clefts formed on the lips, especially at the commissures.

M. Depaul administered mercury to the infant; and it appeared to go on satisfactorily for a fortnight. At the end of this time, the respiration became impeded; and, in spite of blisters and other remedies, the child died the next day.

On *post-mortem examination*, the mouth, nose, and genital organs appeared to have been getting well. The lungs were bound here and there to the walls of the chest, by false membranes, evidently formed anterior to birth. Each lung contained some small indurated nuclei, none being larger than a pea. Their consistence was that of the liver; their colour a deep red. One alone, which projected slightly under the pleura, was less coloured, and contained pus. All the other parts of the lung were sound, and had been entered by air. The other organs were healthy.

Primary Syphilis in Children. On this subject, Dr. Deutsch writes as follows:

Primary syphilis in children only differs from that in adults, by the unfrequency of chancre on the genital organs. Yet I have had an opportunity of seeing several children at the same time affected in this way. They were the sons of Jewish parents; and the disease was produced in them by the person who circumcised them being syphilitic, and sucking, according to custom, the wound with his mouth. Certain parts of the circumcised prepuce assumed a red, swollen, inflamed appearance; and ulcers were developed, but the gland and body of the penis remained free. In almost every case, there were also buboes. On another occasion, I saw perfectly similar ulcers and buboes on some Jewish children, and was enabled to refer them to precisely the same immediate cause as the others. It appeared, however, on the one hand, that these ulcers not only resisted antisyphilitic medicines, but even became worse; and, on the other hand, that no trace of syphilis could be detected in the operator, and that his past and present life would not lead to the suspicion that he had it: his gums were, however, spongy and scorbutic.

Syphilitic ulcers on the lips, tongue, anus, and once on the umbilicus, have come under my notice: but never without direct infection from the mother, midwife, nurse, or some other person. In all such cases, there were also buboes in the inguinal glands.

Weisse (*Abhandlungen der Petersb. Aerzte*, 1842, pp. 240 and 304) appears to have seen some peculiar alterations in the tongues of syphilitic children, in the form of furrows, and even rhagades.

Ulcers, having a strong resemblance to chancre, are sometimes found in female children from four to eight years of age, as a consequence of ascarides. They are principally developed on the internal labia, also in the anal region; and give rise to a profuse discharge of purulent corroding mucus. In a case which I observed, the entrance of the vagina, the external organs of generation and the upper part of the inner surface of the thigh, as well as the perinæum, were ulcerated throughout. Every antisyphilitic remedy, whether external or internal, aggravated the disease; but it was soon subdued by frequent cleansing and washing with weak solution of chloride of lime, and by fomentations of sage and nut leaves.

Treatment. In treating syphilis in children, a distinction must be made between the primary and the secondary affection. Mercury is undeniably the principal remedy: but there is a difference of opinion as to, 1. Whether it is judicious to use it only externally or internally, or in both ways at once; and 2. Whether it is always necessary to give the children mercury, or whether it is sufficient that the mother or nurse who suckles the child use it. Without doubting that cures have been brought about by the internal use of calomel and Hahnemann's mercury, I must mention the fact, that these remedies are not certainly sufficient in secondary symptoms; and

that, in primary cases, they are more likely to injure the children, than the external use of mercurial ointment (applied round the knee on a piece of flannel, according to Sir B. Brodie's plan). I have employed Cyrillo's treatment with very happy results in several rather extensive cases of secondary syphilis. Six grains of sublimate, and the same quantity of sal-ammoniac, are made into an ointment with two drachms of lard; and a piece of the size of a pea is rubbed nightly on the soles of the feet. Cyrillo recommended the soles of the feet to be softened by means of warm water for some days beforehand; but this is unnecessary in very young children. Twenty such inunctions are sufficient for a cure. The mother or nurse of the child must at the same time be put on low diet, and use blood-depuratory drinks. Many English and American physicians (especially Samuel Cooper, Golding Bird, Cheesborough, etc.), extol the hydrargyrum cum cretâ, given in doses of one or two grains, twice or thrice a day.

Weisse recommends Zittmann's decoction, with red oxide of mercury and sulphureous baths. Nonat gives corrosive sublimate to children of a month old; from one-sixth to one-eighth of a grain is dissolved in an ounce of water, and a teaspoonful given once daily; the mother or nurse being at the same time put under an antisyphilitic course. In obstinate forms of secondary lues, the principal remedy is biniodide of mercury, rubbed up, according to Cazenave's prescription, with some gum and honey or syrup, and either given from a spoon, or rubbed gently on the tongue and gums. It is also the chief remedy in tertiary syphilis in children, especially for affections of the bones, venereal coryza, etc. Iodine alone, notwithstanding its recognised beneficial effects in the lues of adults, does not cure it in children. Bathing of the surface, and careful cleansing of the diseased parts, especially if they secrete much, must never be neglected. If diarrhœa be produced by the mercury,—a troublesome, but fortunately rare occurrence,—opium must be given; but it is generally sufficient to rub it into the hypogastrium. I have not observed salivation in children under seven years of age. About a fortnight or three weeks after the cure is completed, I have found it useful to employ baths of sulphuret of potassium—half an ounce in each bath. The children begin to gain flesh in a remarkable manner, and get a blooming appearance. I have not observed that constitutional diseases of any kind remain after syphilis has been cured. Syphilis undermines the constitution much less readily in children than in adults, probably on account of the greater ease with which antisyphilitic treatment can be properly applied in the former. Whether children are cured by subjecting the wet-nurse or mother alone to antisyphilitic treatment, I cannot say from my own experience. That such is the case, is affirmed; and physiological reasons are not wanting to support it. But a certain result seems scarcely to be expected; and, as the disease is one which requires a prompt and sure removal, and as direct treatment of the child fulfils the indication, it is not advisable to employ an indirect method of somewhat doubtful advantage, especially on account of the unavoidable influence which the treatment must have on the health of the mother.

It is still a disputed question, whether a pregnant woman should be put under an antisyphilitic course for the preservation of her child. Not a few oppose this plan, alleging that the treatment fails in producing the desired results, and that it causes abortion. The first of these reasons is sufficiently controverted by careful experience; and the second is doubtful, for, where abortion occurs under such circumstances, it cannot be determined whether it was due to the disease, or the treatment. We must, however, always bear in mind to use the mildest preparations possible, as the oxides, when we give mercury to a pregnant woman. Iodine is objectionable.

I may now be allowed to relate a few cases, which have occurred under my own notice.

Case I. A young, strong, unmarried woman, was delivered at the full period of a well-formed healthy male child. Another child was discovered to be in the uterus; and, as the labour-pains had in the mean time ceased, the membranes were ruptured, and, by means of turning, a dead fœtus, eleven inches long, already commencing to putrefy, was brought into the world. It was ascertained, that the woman had never had syphilis during her pregnancy or previously, but that she had led a loose life, and had had intercourse with several syphilitic men. There was a probability of superfœtation having occurred in this case. The other child remained well, and shewed no traces of disease.

Case II. A woman was infected with syphilis by her husband, during her pregnancy. The man had had syphilitic ulcers on the genital organs, and buboes; and, at a later period, ulcers on the throat and mouth, and *corona venerea*. The woman had ulcers on the genitals, condylomata, ulcerated throat and *corona venerea*. Both were treated by several physicians with various preparations of mercury and with iodine; they had, however, not attended carefully to the treatment, and the woman especially had been constantly exposed, during the use of the remedies, to the influence of very cold spring weather. At the termination of pregnancy, however, she had no more traces of syphilis. The child was small, poor, weak, and ill-nourished; it had numerous venereal spots, of a copper colour, with branny desquamation, on the outside and inside of the upper part of the thigh, on the forehead, and in the vicinity of the bones of the foot. A perfect cure was obtained in three weeks, by means of Cyrillo's remedy and baths of bran.

Case III. A married pair, both of whom had suffered from all forms of syphilis, which still had left traces on the skull and sternum, had three children in five years. All three came into the world at the full time, but were all extremely small and weak. The first suffered from ophthalmia, which was not recognised as syphilitic, and yielded to simple cleansing remedies, without the use of mercury; the child, however, was slow in growing, and remained weak. The second was born with furunculi of a red-brown colour, and of the size of a walnut; these suppurated and healed up, but fresh ones constantly formed between them, and were at last replaced by purulent boils of large extent, which yielded a quantity of ichorous pus. Antisyphilitic medicines were not used in this case: but the child was treated with great care and cleanliness. It became atrophied, and died when ten months old. The third child was born with pustules over the greatest part of the body. Some of them were like itch pustules; they dried into a brown scurf, and left deep ulcers beneath. The child had also snuffling breath and coryza. Cyrillo's treatment was used with some success; but the child remained weak, frequently suffered from diarrhœa, and at last became ricketty.

Case IV. A weakly female, whose husband had had syphilis several times before marriage, but had always been treated by rational remedies, was delivered of a small child (thirteen inches long), which was in other respects well formed, and not badly nourished. The woman had never had syphilis. The child had three bullæ of pemphigus; and also had, on several parts of its body, large, brown, dry, leathery spots, the remains of flattened and healed bullæ of pemphigus. In three weeks, more bullæ appeared. Antisyphilitic remedies were not employed; the child wasted away, had diarrhœa, and died in the fourth week. After a second pregnancy, the woman was delivered of a small child, well formed and nourished. On the fifth day, pemphigus appeared; but the bladders seemed smaller than in the other case. The child had one-sixteenth of a grain of calomel given twice a day, and the mother was put on a course of sarsaparilla and dulcamara. The pemphigus disappeared in fourteen days, and was not followed by any other cutaneous affection. The child throve regularly, reached the age of thirteen months, and died in consequence of irregularities in diet after weaning.

Case V. A child, whose father and mother had suffered for some years

from virulent gonorrhœa, was seized, on the fifth day after birth, with inflammation and swelling of the eyelids. This rapidly passed into profuse blennorrhœa; and the eyelids exhibited the velvety excrescences peculiar to *ophthalmia neonatorum*. In other respects, the child was free from any appearance of disease, especially from impetiginous eruptions; and this latter circumstance prevented the syphilitic nature of the affection from being recognised. But, notwithstanding the greatest care, intertrigo appeared between the upper parts of the thighs and the genital organs, behind the ears, on the neck, and in the axillæ; it spread with extraordinary rapidity. The excoriations produced by the intertrigo assumed, in spots, the appearance of exulcerated, broad, flat, irregular sores. The ophthalmia was treated with a lotion of nitrate of silver (one grain to eight ounces of solution of opium); the intertrigo was treated by water; and calomel with magnesia were given internally. The child recovered in seventeen days, and afterwards throve well.

Case vi. A woman had had, for seven or eight weeks, chancres on the external genital organs and vagina, as well as condylomata of the arms and perinæum. The external and internal genitals, and the neighbouring parts, being well anointed with lard to prevent infection, she was delivered of a perfectly healthy and well-nourished child, which remained well, but was fed by hand. When the mother had been cured by appropriate treatment, she gave the child the breast; and it remained well as before.

Case vii. A woman, whose husband had had primary, secondary, and tertiary syphilis, before marriage, but had not since manifested any appearances of it, aborted five times successively in the fourth month of pregnancy: the fœtus was always in a putrefied state. In her sixth pregnancy, she went to the full period, and was delivered of a very small, meagre child, free from any appearance of impetigo: it died on the third day. In the mean time, her husband had, under medical advice, used each summer the warm sulphur baths at Salzbrunn. In her seventh pregnancy, she not only reached the full period, but was delivered of a healthy, strong child, which seemed likely to do well. This case corresponds with another, in which a woman, whose husband was syphilitic, had been delivered several times of weakly children, who died early, and had also aborted several times. When married a second time, to a healthy husband, she had no more abortions, and bore healthy children.

Case viii. Two women and a girl, who had several times had syphilis from irregular intercourse, were cured by methodical treatment. They married healthy husbands, and brought sound children into the world.

Case ix. In the village of G., there were thirty-two persons who had lues. Among these, were seven men and their wives: two of the latter were pregnant, and three were suckling their children. All these women soon had secondary symptoms, partly in the form of ulcers in the throat, and partly in the form of impetigo. The children were infected, and had syphilitic ulcers on the lips and tongue. They and their mothers were treated by mercurial inunction, and recovered. The pregnant women underwent the same treatment, and were cured: they went on regularly, and were delivered of well-developed children, who, however, had syphilitic spots. These were removed by Cyrillo's treatment. An unmarried pregnant woman, who had syphilis, rubbed in mercurial ointment; but she aborted in the sixth month. A very scanty diet and irregular mode of living, as well as frequent mental trouble, may have in this case favoured the occurrence of abortion.

Case x. The children above referred to, as having been infected with syphilis during circumcision, had all enjoyed perfect health up to that time. The wounds made in operating formed red, painful, inflamed cicatrices, which became fissured, and formed chancres. Where there were several of these scars close together, the ulcers became confluent. Buboes also ap-

peared—in some cases, even before the chancres. The general health of the children was much disturbed. Calomel and magnesia were given; and *unguentum cinereum* was applied to the buboes. All the patients recovered without any farther symptoms. In the other children, who had pseudo-syphilitic ulcers and buboes after circumcision, the disease was aggravated by mercurial treatment: they were cured by simply applying a digestive ointment to the ulcers.

The subject of the treatment of congenital syphilis was also brought under notice in the discussion at the Academy of Medicine.

M. Depaul stated, as one of the conclusions to his memoir, "that a physician should think himself authorised to prescribe antisyphilitic treatment to a father or mother, even when it is not possible to find traces of the disease in them, but when a child has been born dead, with the lungs in the state described by him."

MM. Cazeaux, Gibert, and Roux, opposed the practice of treating for *latent* syphilis.

M. Moreau had, some years ago, had an officer of the *garde royale* under his care, who had had syphilis. This officer was married: his wife became pregnant, and was delivered of a dead child; this occurred three times in succession. M. Moreau then advised the officer to put himself under a course of antivenereal medicines. The wife again became pregnant, and was delivered of a living, healthy child; and all her children have since lived.

M. Danyau related the case of a lady, who aborted in her first pregnancy, and in the next was delivered of a dead putrid child. He suspected syphilis, principally because the husband had already been affected, though he believed himself now cured. M. Danyau's proposition of an antivenereal course of treatment was rejected; and he had since heard that the lady had given birth to two other children affected with syphilis, of which they died.

M. Ricord observed: "It has been said that antivenereal treatment only has an influence on the evident symptoms; and that it is useless to have recourse to it when these do not exist. And hence it has been asserted, that it is useless to prescribe such treatment for a man or woman, when, being under the influence of the diathesis, though presenting no evident symptoms, they have become the parents of an infected child. But I think that the supporters of this view have forgotten, that the birth of a child with constitutional syphilis is a true manifestation of the existence of the disease in the parents. On the other hand, I am convinced that no one should be satisfied with the mere disappearance of the symptoms under treatment. Can we believe that a patient is thoroughly healed, when the *syphilide* has disappeared in a week? Daily experience has taught us that, though we do not know the quantity of mercury absolutely required to cure a case of lues, we know at least that the longer the treatment is continued in proper proportions, the more certain is the cure. If it does not destroy the diathesis, it prevents, or at least retards, its manifestation for a longer or shorter period. We have seen many cases of parents, who, having been put under a regular course of treatment, had afterwards healthy children; whereas their offspring had previously died before birth, or had shewn symptoms of syphilis soon after birth. And, if the treatment was suspended, the children born were infected. I have always, in these inquiries, examined more particularly into the state of the mother. Paternity may be doubtful; but not maternity. Some persons have hence thought, that I only admit hereditary transmission through the mother: this is incorrect; I only assert that the hereditary influence is here incontestable.

"It would never be right, on account of doubtful syphilitic symptoms in an infant, or on account of doubtful previous symptoms in the parents, to make the latter undergo a troublesome course of treatment, or to do what I have sometimes seen done—to put the father under an antivenereal course, when he perhaps has had a most harmless gonorrhœa twenty years before."

PARTIAL DILATATION AND RUPTURE OF THE LEFT VENTRICLE OF THE HEART: ATTEMPTS AT REPARATION BY COAGULA AND LYMPH.

Dr. M. M. White, of Syracuse, U.S., relates, in the *Boston Medical and Surgical Journal* for March 26, 1851, a case illustrative of the efforts sometimes made by nature to repair injuries of important organs.

The patient was a gentleman, aged 70 years, to whom Dr. White was called on October 5, 1850. Eleven days previously, he had been seized with urgent symptoms of angina pectoris; these lasted for one hour, and did not recur: but considerable tenderness, fulness, and uneasiness, remained about the region of the heart, with inability to lie on the left side. A slight pain was occasionally felt, and continued to recur until the first visit. At this time Dr. White found he had partially fainted, and was slightly convulsed, with momentary loss of consciousness. The impulse of the heart was very feeble; the pulse slow, small, and intermittent; there was great prostration of the vital powers; the countenance was pale and sunken; the extremities were cold; he had profuse perspiration, with difficult and laborious respiration. The violence and urgency of these symptoms subsided in the course of an hour or two; the pulse became regular, yet rose to 130 beats per minute in the course of the day.

On the ensuing day, October 6, he was much better.

He was visited daily until the 14th, during which time the pain and uneasiness about the heart had almost entirely subsided; but the frequency of the pulse continued, varying from 120 to 125 per minute. His general health had so much improved, that he resumed his business at his office. Dr. White did not see him again until Thursday morning, October 24th, when he was called in great haste. The patient was labouring under a severe paroxysm of palpitation of the heart, with a frequent, small, feeble pulse, nearly imperceptible at the wrist; countenance pale and sunken; respiration laborious; dry hacking cough; hoarseness of voice; profuse sweating, and cold extremities; with rapid sinking of the powers of life, threatening immediate dissolution. These symptoms continued most of the day. His appetite now for the first time failed, and there was nausea, with occasional vomiting; flatulence and constipation of the bowels were also present.

Paroxysms of palpitation of the heart, with sinking of the vital powers, continued to recur at irregular intervals for seven or eight days, though with less and less severity, until they nearly ceased, three or four days previous to death. As the paroxysms of palpitation and sinking gradually declined, the action of the heart became more regular. The pulse also became slower, fuller, and more regular. The muscular power gradually improved, so that he was able to raise himself up in bed with comparative ease. The functions of the brain were most perfect through the whole course of his illness. The mind was clear and tranquil, and his spirits buoyant and happy. A peculiarity worthy of remark, was the alternate violent and tranquil respiration. He would doze a few minutes calmly, then start up with a convulsive spring, with hurried and laborious respiration, and then sink down into the same quiet state as before. These alternations continued to recur for the last week or ten days of his life. Ordinarily the heart's action was weak and feeble; and, during a paroxysm of palpitation, its beats were quite distinct. There was dulness on percussion, on a space corresponding to the apex of the heart, of two inches and a half in diameter. The valvular sounds were clear and distinct. The external jugulars were turgid and swollen. The tongue was slightly coated at first, but towards the close became covered with viscid, tenacious mucus and sordes. A strong desire for acid fruit and drinks was present, and continued until near the fatal termination. This occurred suddenly on the evening of the 8th of November.

Post-Mortem Appearances. An examination of the body was made thirty-six hours after death. *Thorax.* On raising the sternum, the *pericar-*

dium was observed to be very greatly distended, and firmly adherent to the diaphragm. It was filled with bloody serum and coagula. At the apex of the left ventricle was a dark livid mass, two inches in diameter, and an inch or more in thickness, beneath the pericardium, composed of layers of coagula and organised lymph, arranged in alternate patches, and having strength sufficient to prevent the escape of blood for months and perhaps years. An opening about the size of a crow quill was traced beneath the external layer, from which the fatal extravasation had taken place. The muscular fibres of the heart were here very thin, and in the centre entirely wanting. The layers of coagula and lymph, together with the firmly-adherent pericardium, gave such support to the weakened portion of the heart, as to preserve its functions for a long time. It is highly probable that a slight effusion of blood took place from time to time, while, by quickly forming coagula, and subsequently lymph, the mischief was repaired; and this was again and again repeated, until the last fatal effusion. The lungs were perfectly sound; but there were two or three quarts of serum in the cavity of the chest. The stomach, liver, spleen, and pancreas, as well as the other organs in the abdomen, were in a normal condition.

TUMOUR COMPRESSING THE RIGHT SIDE OF THE MEDULLA OBLONGATA AND THE NERVES PROCEEDING FROM IT.

This case was related to the Society of Biology in Paris, on March 15, by M. Charcot.

Case. The patient, a woman aged 48, was admitted into the Charity Hospital on February 28. She had been ill three months; and at first was under the care of M. Gubler. He was called to her a fortnight after the appearance of violent pain in the occipito-temporal region. The neck was slightly tender on pressure; the organs of sense were very susceptible; and every movement of the body brought on attempts to vomit, sometimes followed by a discharge. The pupil was much contracted; and there was obstinate constipation, but no distension or tenderness of the abdomen. The tongue was rather white, but moist; the pulse was not frequent; the skin was not hot. There was no pain in the trunk or limbs, nor paralysis, vertigo, or convulsions. M. Gubler diagnosed a superficial circumscribed softening of the grey matter, or rather an intra-cranial tumour. He applied leeches behind each ear, gave a calomel purgative, and ordered chloroform to be applied locally to calm the cephalalgia. Considerable relief ensued: but the patient was removed by her son two days after. She soon began to manifest great hebetude, and weakness in all her limbs, without pain; and at last her speech became very remarkably impaired. The cephalalgia soon became as severe as before. A seton was applied to the neck, and blisters to the thighs, but without effect; and she was admitted into hospital.

On admission, she answered questions pretty readily, but soon shewed how much her intellect was weakened and perverted. She complained of very severe pains in the cerebellar region: the head was constantly turned towards the right shoulder, but there was no rigidity or contraction of the muscles of the neck. All her limbs were relaxed; but she moved her legs and arms without much difficulty, when desired to do so. When pinched, she felt it readily. There was no strabismus, ptosis, or deafness. The pupils were equally dilated. She had never had vertigo, muscæ volitantes, or noises in the ears. There were no signs of paralysis of the facial nerve. She protruded her tongue readily; but the point was immediately carried to the right. She could, however, easily turn it in her mouth, and could turn the point to the left when desired to do so. The movements of deglutition were perfect. The vomiting and constipation continued as long as the patient was in hospital. A kind of coma supervened, and the patient died on March 9th: she never had convulsions.

From the symptoms, it seemed probable that there was a tumour com-

pressing the ninth nerve; but there were no symptoms of syphilis, tubercles, or cancer. On post-mortem examination, a tumour, of the size and shape of a large pigeon's egg, was found on the front of the right lobe of the cerebellum, where it had formed a hollow. It also compressed the right peduncle of the brain, and pushed the medulla oblongata towards the left side. It had flattened the auditory, facial, pneumogastric, glosso-pharyngeal, and especially the hypoglossal nerves on the right side. The fifth pair was also much flattened. The third and sixth nerves were untouched. The tumour was very feebly adherent, and was easily removed by tearing some very loose cellular tissue. It was hard and dry, and grated under the scalpel: it was somewhat mammillated. Examined with the microscope, it presented fibroplastic tissue, with a predominance of the fibrous tissue.

WRAGG AND ARNOLD ON DENGUE, OR BREAK-BONE FEVER.

Two valuable contributions to epidemiology are contained in the *Charleston Medical Journal and Review* of this year; one, in the March number, by Dr. W. T. Wragg, entitled, History of the Break-bone Fever, an epidemic which prevailed in Charleston in the summer of 1850; the other, published in May, by Dr. R. D. Arnold, of Savannah, on the Dengue, or Break-bone Fever, as it appeared in Savannah in the summer and fall of 1850. We propose to lay the substance of these papers before our readers.

About the end of July and the beginning of August, 1850, break-bone fever began to prevail epidemically in Charleston; and the first case seen in Savannah by Dr. Arnold, broke out on the 28th August. In Charleston, up to the 15th or 20th September, it raged in an epidemic form. Persons of all ages and conditions were affected; but there were very few fatal cases, although the disease is estimated to have attacked seven or eight-tenths of the population of Charleston.

Symptoms. The description of the symptoms is taken from Dr. Wragg's memoir.

First Stage. The attack commenced with languor, lassitude, and general uneasiness, with nervous tremors, sometimes lasting for several days. There was very acute pain in the head, sometimes confined to one part, usually the temple, brow, or one or both eyes: sometimes it was general. In several cases, it was very severe in the ears, the angles of the jaws, and along the dental rows of both maxillary bones. There was, in some cases, intense pain and soreness in the balls of the eyes. [Dr. Arnold says, there was injection and watering of the eyes, with intolerance of light, and acute pain on moving the eyeballs: this was evidently owing to the affection of the sclerotic.] There was great pain in the muscles of the back of the neck, running up to the head; and, occasionally, an annoying sense of weariness. The pain in the head was often intermittent, and sometimes darting.

A very distressing symptom, in several cases, was the great pain and oppression in the chest, which materially impaired respiration, and induced a constant and urgent disposition to cough; which, however, was often impossible, from the severe pains produced by the convulsive motion of the chest. In many cases, there was great pain in the shoulders and back, but most generally in the loins and low down towards the sacrum, running round the body, and extending from the umbilicus to the hypogastrium. Sharp pains shot down the thighs and legs, being most intense in the knees.

There was general soreness of the whole flesh, and particularly of the bones; and this was so great, that many patients could find no ease either in the lying, sitting, or standing postures. Between the scalp and skull, the soreness was particularly distressing.

Soon after the onset of pain, sometimes along with or before it, fever appeared, usually ushered in by chill, and accompanied for many hours by a

chilly sensation alternating with flush. Nausea soon came on; and there was often vomiting, principally of the ingesta, with serous and mucous fluid. The nausea was frequently wanting; but was sometimes distressing, continuing even during convalescence. There was often pain in the bowels, and bilious diarrhœa; but sometimes the bowels were costive. The tongue was soon covered with a thick, brown, pasty coating; and there was generally great thirst. Sometimes the tongue was dry and brown, and the thirst intolerable, and the taste lost. The pulse was moderately full and quick, but never very active in force, quickness, or volume; seldom, according to Dr. Arnold, accelerated beyond 100. The skin was at first dry and harsh, but generally became moist, and often covered with free perspiration. In some cases, the heat and dryness were so pungent, that the sensation, experienced on touching the patient's skin, did not leave the hand of the physician for some time.

This stage, in the experience of both writers, varied in duration from a few hours to several days.

Second Stage. In most cases, there was an eruption on the skin. Sometimes it appeared even before the fever began to subside; sometimes it did not appear until all other traces of the disease had left. It was sometimes confined to the head and neck: it often extended over the whole body. It varied much in its character; assuming, in various cases, the appearance of scarlet fever, measles, impetigo, erysipelas, petechiæ, prickly heat, or papular eruption. Hæmorrhage frequently occurred from the nose, gums, tongue, fauces, stomach, and bowels; but was not generally excessive or obstinate. Want of sleep was a distressing symptom: in one case, it lasted about three nights and two days, and was followed by symptoms resembling *mania à potu*. In other cases, where the absence of sleep was less complete, the rest was disturbed by frightful dreams and fancies, not unlike those which characterise the disease just mentioned. When dreaming was not present, the patient tossed and moaned in sleep. The restlessness appeared sometimes to arise from imperfect sleep, sometimes from the soreness of the flesh.

The nervous tremors, which characterised the onset of the attack, in several cases increased, until, in two or three days, and when the fever was gone, the arms and legs would jerk and twitch without control. In children, these nervous jerks often announced the disease; the snap of the muscles could be distinctly heard. Often there were convulsions in children; but these did not occur in adult men, though there were symptoms of approaching delirium. Pregnant women, in all stages of gestation, almost universally escaped abortion. Dr. Wragg heard of only three cases.

In two cases, there was irritation of the urethra, with discharge of pus. One of the patients had never had gonorrhœa; in the other, the disease had been apparently cured. It was difficult to arrest the discharge. Dr. Dumaresq, of New Orleans, records a similar affection, in his account of dengue in that city, in the *Boston Medical and Surgical Journal*. The senses of hearing, smell, and taste, were variously vitiated or impaired.

The duration and severity of the disease varied very much. The fever, in some cases, was scarcely perceptible, or only existed a few hours. In others, it lasted from three to six days; in a few, it became intermittent, and continued two or three weeks. In some cases, the fever appeared to be absent. The patient would suffer for one or two days with pain in the back, head, and limbs, with giddiness, foul tongue, nausea, restlessness, and fatigue; these symptoms would gradually wear off, and be followed by weakness. After a few days, the eruption would come out in the form of heat, boils, carbuncles or abscesses.

Sequelæ. Recovery was sometimes rapid; but the easy transition from disease to health was the exception, and not the rule. Often, at the going off of the fever, the patient became extremely prostrate. There would be a deeply-coated tongue, with a bitter taste in the mouth; or a persistence of

the loss of taste. The pulse would become weak, the skin cool and covered with profuse perspiration, and a general feeling of faintness and sinking come on, almost as insupportable as the acute pain of the first stage. The spirits would be depressed. Many were left with persistent and violent pains in some part, which were relieved only as the appetite and strength were restored. These pains would sometimes last two or three weeks: they were seated in the muscular, ligamentous, cellular, or cutaneous tissues.

Boils, carbuncles, and abscesses, sometimes annoyed the patients for weeks after the other effects of the disease had gone. The boils were very large and numerous, and would cover the face or limbs. Carbuncles were scarcely less common. In one man, Dr. Wragg saw seven at one time on his back, with boils and phlegmonous abscesses in the interspaces; the entire surface of the back and sides being of the brightest crimson colour. In numerous instances, the inflammations about the fingers took the form of whitlow. Abscesses occurred on the neck, arms, thighs, breasts, buttocks, etc.; from some of these half a pint of matter was discharged at once, coming sometimes from the superficial, and sometimes from the deep-seated cellular tissue. In a healthy child, about nine months old, the fever was followed, after some weeks, by extensive impetigo of the face, neck, and shoulders.

The brain gave strong evidences of debility. On the abatement of the disease, the patient, in several cases, fell into a state strongly resembling delirium tremens; and the hallucinations were of the same character, the apparitions being always of the malignant and diabolical kind.

The fever had a great tendency to relapse, on premature exercise, fatigue, or any kind of exposure. Dr. Wragg has seen it occur three times, each time with marked aggravation of the symptoms. A mild first attack, would often be succeeded by others, excessively severe, and of longer duration. Relapses were most severe when the patient had undergone no medical treatment, under the impression that, as the disease was free from danger, it required no medicine.

As the season wore on, typhoid symptoms supervened in patients whose cases had been neglected, especially when due attention had not been paid to the convalescence. One of these cases offered a remarkable specimen of a purely nervous fever; the patient died twenty-eight days after the invasion of the nervous symptoms, and seventy from the first attack. In the same family, another child was only rescued by the timely use of nourishment, tonics, and stimulants, from falling into a similar state. In two other cases, this condition lasted respectively thirty and forty-two days.

Diagnosis. (Dr. Arnold.) From the *climate fever* of the country, the break-bone fever was not readily distinguishable in the earliest stages: but remission or intermission takes place in climate fever within twenty-four hours; while the paroxysm ushering in the dengue was continuous, even if it lasted forty-eight hours. Dr. Arnold often found the break-bone to be followed by climate fever in the same individual; and has attended cases of each, lying alongside of each other.

From *scarlatina* it was distinguished by the duration of the eruption, the absence of anginose affections, and the violence of the preliminary symptoms. The eruption in dengue was the sign for the abatement of the symptoms; while, in scarlatina, the worst symptoms are generally developed after the eruption has appeared. In scarlatina, the skin never breaks out into a perspiration on the first appearance of the eruption: in dengue, after the eruption has been well thrown out, the fever goes off by moisture on the skin. The eruption lasts but two or three days in dengue: in scarlatina, it lasts six or seven; and there is more desquamation of the cuticle in the latter than in the former. In scarlet fever, the eruptive membrane of the mouth participates in the efflorescence; and, as the skin begins to desquamate, the tongue also throws off its cuticle, and appears bright, red, and shining; and the papillæ, deprived of their sheaths, become very prominent. Any redness

of the lips, tongue, and gums, which may occur in dengue, is, as far as Dr. Arnold has observed, less intense than the redness of scarlatina, lasts a much shorter time, and is not followed by throwing off the cuticle. In two cases occurring in children, Dr. Arnold saw œdema follow the desquamation of the cuticle, as in scarlatina.

From *prickly heat*, the eruption is readily distinguished by careful examination. Prickly heat is a distinct papular disease.

Pathology. The want of *post-mortem* examinations prevents much light from being thrown on this subject. Dr. Wragg is of opinion, that break-bone fever is "essentially a cutaneo-nervous disorder": that the skin, irritated by the intense and protracted heat, dryness, and non-electrical condition of the atmosphere, underwent changes in its functions, and consequent disease. He then enters on a comparison of the break-bone fever which he witnessed, with the epidemics of dengue described by former American writers. The latter disease, he says, is the *scarlatina rheumatica* of Dr. Copland: and, after pointing out some points in which the affections seem to differ, he does not think it safe to attempt a final settlement of the question of identity between the dengue and break-bone fever. Believing that the resemblance is not sufficient for them to be classed together, he is unwilling to discard the idea that the diseases strongly resemble each other in many points. Whether the difference between the two diseases consists in anything more than that, in dengue, the impression is originated in the ligamentous tissues, while in break-bone fever it originates in the skin, he does not undertake to decide.[1]

Causes. Drs. Wragg and Arnold concur in pointing out the constitution of the atmosphere as connected with the cause of the epidemic.

The spring, in Charleston, had been remarkably cool. Early in July, the weather became very hot; and, from that time till the beginning of October, the range of the thermometer at midday, in the shade, was not far from 90°, often above. Water was exceedingly scarce. Very little thunder and lightning prevailed. The wind was from the west, and rather diminished than increased moisture. Febrile diseases of the ordinary types were rare; and the atmospheric conditions which seem to favour their occurrence were wanting. It is not a little remarkable, that the summer of 1780, when an epidemic, resembling the break-bone fever, occurred in Philadelphia, was, as appears from the description given by Rush, very similar to that of 1850 in Charleston.

Drs. Arnold and Wragg both believe the disease to have been non-contagious, and adduce several instances, which are, however, only valuable in a negative point of view. That it was epidemic, is proved by its rapid spread, or rather simultaneous appearance in different parts of the same place.

Treatment. Energetic measures were at first adopted; but were soon abandoned, being found to be erroneous. The practice in Charleston was to give a mild aperient, such as Epsom salts in infusion of serpentary, seidlitz powders, etc. Diaphoretic and opiate mixtures were then prescribed; usually carbonate of potash, with laudanum or paregoric, sometimes with camphor and sweet spirits of nitre. At the same time, pediluvia, warm poultices, frictions, etc., were used. Pain in or determination to the head, received marked relief from cold affusions. To compose the patient at night, pediluvia were ordered, and paregoric and sweet spirits of nitre given in hot ptisan. To overcome wakefulness, morphia was given with much advantage. For the early debility, Dr. Wragg gave stimulants freely, not waiting till the

[1] Dr. Arnold makes no hesitation in calling the epidemic which he describes by the name of dengue. Dr. Wragg's pathological reasoning seems fettered by the idea of localisation of the "primary impression" of the morbific agent. That the same miasm, being introduced into the blood, may produce very varied symptoms, is abundantly proved: witness the cutaneous and rheumatic types of scarlet fever. The primary essence of a febrile disease is not always to be found in the most prominent symptom. [Editors L. J. M.]

pain was relieved, but combining stimulants and opiates. Wine whey, wine, brandy toddy, porter, etc., were given freely ; and, at short intervals, quinine, with morphine or paregoric. Nausea was occasionally troublesome ; but usually yielded to carbonate of potash and laudanum.

The loss of appetite was often a barrier to the early use of nourishment ; yet, when the patient could be got to take some simple articles of food, the stomach was relieved, the thirst was lessened, and the tongue got clean. The cases treated early with stimulants, tonics, and nourishment, were those that did best, and had the least tendency to relapse. The latter occurrence seemed almost to take the form of periodicity ; and, for this, quinine was the best remedy.

HANNON ON THE ACTION OF METALS IN CHLOROSIS.

It has long been believed by M. Hannon, in common with others, that the iron and manganese given in chlorosis were assimilated ; and the soluble salts of iron have been preferred, as being most capable of being absorbed and of uniting with the elements of hæmatosine. M. Hannon now opposes to this opinion some facts worthy of consideration.

He says that lead, copper, and bismuth cure chlorosis as well as iron or manganese, and have succeeded in some cases where iron has failed. The blood has thus recovered its iron under the influence of some other metal. Neither the iron, nor any other metal, combines with the hæmatosine ; for he believes that, although the number of blood-corpuscles be diminished, those which remain still contain a sufficient quantity of iron. He gives the following explanation of the manner in which the metals produce their good effects.

During digestion, hydrosulphuric acid is formed, which acts on the compound of iron and manganese contained in the food, and thus removes these metals. This is especially the case in chlorosis, in which there is a singular tendency to the formation of hydrosulphuric acid in the intestines. The way to prevent this effect is to administer a non-poisonous metal, capable of forming an insoluble sulphuret with the hydrosulphuric acid. This property belongs to bismuth, lead, and copper, as well as to iron and manganese. [Abridged from *Gazette Médicale*, August 23, 1851, as quoted from *La Presse Médicale Belge*.]

SPIRÆA ULMARIA, OR MEADOW-SWEET, IN DROPSY.

M. Tessier, of Lyons, has been led, by the observations of M. Obriot, a priest in the department of Haute-Marne, to make experiments on the effects of spiræa ulmaria in certain cases of dropsy. He has published his results in the *Bulletin de Thérapeutique*.

A person in the prison at Perrache had ascites, connected with intestinal irritation. After all other known diuretics had been tried in vain, M. Tessier prescribed a quart of the decoction of spiræa daily. From the third day, the patient passed much more urine than before. At the end of sixteen days, the medicine was suspended, and the urine immediately became scanty. It was resumed, and continued for six weeks ; and the ascitic effusion was absorbed without the production of any debility. In a case of hydarthrosis of the knees, the decoction of spiræa seemed to aid materially the action of vesicants, by increasing the renal excretion. In a young woman affected with heart-disease, it produced abundant diuresis, without lowering the circulation like digitalis. A young man accidentally took some of the decoction, in mistake for a pectoral ptisan. Four days after, he spontaneously remarked, that he had passed an enormous quantity of urine for forty-eight hours after. His condition became improved.

M. Tessier believes that meadow-sweet possesses diuretic properties ; that it is also slightly astringent and tonic ; that it is agreeable to the taste, and

produces no disturbance of the stomach or of the nervous system. All parts of the plant seem to be endowed with the same properties: the flowers are perhaps less active. The spiræa grows in March and April, and flowers in May and June. [*Journal de Médecine et de Chirurgie Pratiques*, June 1851.]

SUB-PERITONEAL RUPTURE OF THE DUODENUM.

The following case is quoted by the *Gazette Médicale* for August 2, 1851, from the *Annales et Bulletin de la Société de Médecine de Gand* for 1850. It is related by Dr. Burggraeve.

Case. On July 23, 1850, a sailor, aged twenty-four years, of strong constitution, was struck in the region of the liver by a beam. He was thrown violently to the ground; on rising, he was obliged to seek soon for a support. He had immediately severe pain in the bruised part, and vomited a considerable quantity of blood. When admitted into hospital, he complained of intolerable suffering in the epigastric region, and vomited undigested food mixed with bile. There was no external trace of injury beyond a slight abrasion; but the abdomen was tense and resistent in a circumscribed part. The treatment employed was general bleeding, cupping to the epigastrium, and emollient poultices. During all the day he continued to vomit; the rejected matter became more and more bilious; the pain was slightly decreased. He had a feeling of weight at the epigastrium, with thirst and want of sleep; there was no fever.

July 24. The pain was gradually becoming more severe; the abdomen was very tense and resistent under the right false ribs, but not in other parts. Twenty-four leeches were applied. Towards the evening, the pain and vomiting increased; the vomited matters were of a deep green colour.

The subsequent reports show a gradual aggravation of the pain and irritability of the stomach. On the 29th, the pulse became intermittent, the extremities cold, and the vomited matters were of a yellowish brown colour and putrid odour. On the 30th, the patient died.

Autopsy. The organs of the abdomen preserved their proper relations to each other. The intestines were in general of a blackish ecchymotic colour. The liver was slightly injured towards its anterior edge. The stomach was distended. The duodenum was torn for the two anterior thirds of its circumference, about two and a half inches from the pylorus, at the level of the orifice of the pancreatic and hepatic ducts. Under the peritoneum there was an effusion of yellowish matter, mixed with some bile. There was no trace of inflammation.

SURGERY.

LANGIER ON THE TREATMENT OF WHITE SWELLINGS WITH FUNGOSITIES OF THE SYNOVIAL MEMBRANE.

M. Langier criticises the various means which have been proposed for the treatment of white swelling with fungosities of the synovial membrane, and observes, that none of them have a *direct action*,—none act on the vessels themselves which constitute the morbid development from the membrane. The researches of M. Richet on these fungosities have shewn their eminently vascular nature. It is also well known, that the external surface of the synovial membrane is furnished with a richly vascular areolar tissue, which soon participates in the disease by becoming extraordinary developed, from the organisation of the coagulable lymph which it secretes. Hence the synovial membrane acquires a great thickness, from the fungosities and false membranes interiorly, and the thickening of the areolar tissue externally.

From observing the vascular relation established between the fungosities

and the external areolar tissue, M. Langier has derived a new method of treatment. He believes it to be perfectly harmless, to rapidly produce alleviation of the pain, and to diminish immediately and permanently the fungous areolar tissue external to the synovial membrane.

The treatment proposed consists in boldly plunging a lancet to the depth of several lines into the white swelling, at points where the fungous areolar tissue is thickest. Several punctures may be made at the same time. The immediate effect is an abundant local hæmorrhage from each puncture: from sixty to seventy grammes of dark venous blood escape. The fungosity diminishes; it does not disappear completely, but, in place of being elastic and resistant, it becomes supple. This diminution continues for some weeks. The punctures should be repeated, either in the same or in different spots, to obtain a complete and permanent cure. Local bleeding from the vessels of a morbid tissue may well be understood to have great efficacy.

Case I. A young man, in the hospital La Pitié, had for several months had an arthritic affection of the right elbow, with rapid development of fungosities in the synovial membrane. On his admission into hospital, there was an elastic resistance on each side of the olecranon, much resembling the projection of the synovial membrane produced by dropsy of this joint. M. Langier diagnosed the existence of a white swelling, originating in the synovial membrane. There was constant moderate pain, even when the joint was moved. Motion was restricted, but was still possible. The arm could not be completely extended; passive flexion was easy enough; pronation and supination caused most pain; no crepitation of the joint was observed during motion. The region of the elbow was evidently enlarged, especially behind and on each side of the olecranon. Leeches, flying blisters, and compression, were tried without success; as was also the actual cautery. The disease went on increasing, when M. Langier was led to try the effect of the treatment described above. On the first puncture being made, there was an abundant flow of blood; the tumour was diminished, and the pain was relieved. A month after the commencement of this treatment, the patient's elbow had been punctured fifteen times. In all the posterior portion of the swelling, the fungosities were soft and reduced in size; and there was no pain in the joint: but the patient was not yet cured. Abscesses had formed, evidently communicating with the articulation of the head of the radius,—a part not easily accessible to the lancet. The lateral ligament seemed relaxed; there was great mobility from side to side. There was no crepitation. The elbow and fore arm were enlarged; the arm was smaller. The patient had lost flesh, and complained of much weakness. M. Langier does not know whether the limb can be ultimately preserved; but he thinks the favourable change produced by the puncture worthy of attention.

Case II. Another patient, in the same hospital, had necrosis of the right second metacarpal bone, near its phalangeal articulation. Opposite the necrosed part, there was a fungous ulcer, through which the necrosed bone could be felt with a probe. The metacarpo-phalangeal articulation was healthy: but above it, and at its level, there was an evident fungous state of the sub-cutaneous areolar tissue, not connected with the joint. On July 17, M. Langier made a deep puncture in this fungous tissue, which was resistant, elastic, and painful on pressure. Some venous blood escaped; the pain was immediately relieved; and the fungus was diminished. On the 18th, the tissue was soft, and reduced to about half its former size. On July 30, the improvement was still more marked. On the day following the punctures, the hæmorrhage was replaced by a serous exudation, mixed in some parts with a little pus.

M. Langier states his object to be to lead to more trials of his plan. Several interesting questions regarding it he reserves for future discussion. [Abridged from *L'Union Médicale*, 31 July, 1851.]

NEW METHOD OF APPLYING COLLODION FOR PRODUCING OCCLUSION OF THE EYELIDS.

The process of occlusion of the eyelids, by bringing them together and applying collodion over them, presents two inconveniences. If a drop of the collodion reaches the conjunctiva, it produces irritation, always very painful, and especially troublesome if, as is generally the case, the membrane is already inflamed. In the second place, if it be desired to examine the eye before the collodion has spontaneously detached itself, it becomes necessary to remove it with ether or scissors—both delicate and irritating processes, often causing pain and apprehension to the patients.

M. Barrier, of Lyons, employs a process which avoids these difficulties. A thread is placed vertically on the upper eyelid; a small piece of fine linen is then dipped in collodion, and placed on the lid, a little above the root of the eyelashes, so as to fasten down the thread. The same thing is done on the lower lid. To keep the lids closed, it is only necessary to tie the threads in a knot or bow; and it is quite easy to open or separate the eyelids. [*Annales d'Oculistique*, as quoted in *Gazette Médicale*, August 16, 1851.]

LOCAL APPLICATION OF WINE OF SQUILLS IN HYGROMA.

A Spanish journal, *La Union*, reports, in the March number, a case of hygroma cured by the application of compresses wetted with wine of squills. The patient was a woman fifty years old, who had had, for a year, a tumour of the size of a hen's egg on the front of the patella. Dr. Serrano, who was consulted, proposed iodine injection; but, as the patient objected, he was led to employ a remedy which he had already found successful in a case of hydarthrosis of the knee. Cloths dipped in wine of squills were applied, and fixed by means of a bandage; they were frequently renewed. Under this application alone, and without any particular regimen, the tumour gradually and completely disappeared in thirty-six days. Five months after, there was no return.

Hygromas, or collections of fluid in the patellar and anconal bursæ, must be treated by resolvent applications, or by puncture followed by iodine injection. Very severe symptoms have been known to follow the operation of opening them. The wine of squills, proposed by Dr. Serrano, is perhaps not so efficacious as a local application, as the concentrated solution of sal ammoniac, made according to the formula of M. Jobert de Lamballe, in the proportion of from sixty to a hundred and twenty grammes of the salt, to five hundred grammes of lime-water. Compresses, dipped in the solution, are applied, and frequently repeated. It is more likely to be efficacious when the tumour is of recent origin. M. Jobert has obtained some very successful results from its use. [Abridged from *Journal de Médecine et de Chirurgie Pratiques*, June 1851.]

ENORMOUS HYPERTROPHY OF BOTH MAMMÆ: EXTIRPATION.

M. Rouyer, of Saintes, has communicated to the Academy of Medicine in Paris, the history of a case, in which both breasts were enormously hypertrophied. We extract his account, with the remarks made by M. Robert in his report on it, read at the meeting of the Academy on May 6th, from the *Gazette Médicale de Paris* for May 10, 1851.

Case. S. R. menstruated when eighteen years old. Four months after, the menses almost entirely disappeared, without evident cause. The mammæ, which had been but slightly developed, became painful, and began to enlarge: first the left, then the right. The left breast increased to such a size, that it measured eighteen inches from the base to the nipple, thirty-two

inches round its middle part, and twenty-seven round the pedicle. The right breast was very nearly as large. The mammæ were pyriform, of a violet-red colour, and covered by numerous enlarged subcutaneous veins. They were soft on the surface; but more deeply there could be felt a large number of hard knots, from the size of a walnut to that of a hazel-nut, connected by resistant cords.

In 1842, a puncture was made, from which only blood escaped: potash was also applied without effect. M. Bouyer saw the patient in 1844, three years after the commencement of the disease. The general health of the patient was then good; there was slight emaciation. The tumours entirely covered the abdomen, reaching as far as the knees; they were so heavy, as to have made the patient keep her bed for two years.

An operation was regarded as the only resource; and, on June 24, the left breast was removed, the pedicle being compressed between two plates of whalebone, to prevent hæmorrhage. Notwithstanding this precaution, a considerable quantity of blood escaped from two arteries of the size of a goose-quill, situated at the centre of the tumour. Numerous arterial twigs were tied. The edges of the wound were brought together, but not completely; but little fever followed, and the patient was in a most satisfactory state at the end of a week.

Twenty-six days after the first operation, the right breast was removed: it has diminished remarkably in size. No untoward occurrences followed; and the patient was quite well in two months, the menses being re-established, and the whole body gaining flesh.

The left breast weighed 30½ pounds, and the right 20½ pounds. After the operation, the patient weighed 101 pounds; a third part of her weight had therefore been removed. The tumours consisted of a fatty tissue, in which were found glandular portions, not degenerated, but excessively hypertrophied.

M. Robert, in reporting on this case, called attention to what he considered as an etiological connexion between the suppression of the menstrual discharge, and the formation of tumours of the kind described. He regretted that no microscopic examination had been made; but thought that the affection was probably simple hypertrophy of all the anatomical elements of the mammæ.

With regard to the prognosis and treatment, M. Robert believed that, as long as the tumour did not embarrass the patient by its weight, it would be rash to operate; but, when the patient is so much inconvenienced as in M. Bouyer's case, extirpation becomes a matter of necessity.

From the few cases of hypertrophy of the breasts which have been already operated on, we find that, when one is removed, the other diminishes in size. Hence the largest tumour should be removed first; and we should wait a few months before operating on the second, to see whether it will become reduced to such a size as to be compatible with the functions of nutrition and locomotion.

VARICOSE DILATATION OF THE LYMPHATIC VESSELS OF THE PREPUCE.

M. Beau, of the Hospital Saint-Antoine, describes the above-named affection as situated under the mucous membrane on the internal and lateral aspect of the prepuce, in the lateral folds of which it is hence concealed. To see it, it is necessary to render tense the integument of the penis; it then appears under the form of a small round cord, quite transparent, from one to three millimètres in diameter, and one or two centimètres in length. This cord is resistant and hard: it cannot be compressed, nor can the transparent liquid which it contains be squeezed out. Its *dorsal* extremity is situated near the median line of the dorsum of the penis, and terminates insensibly

under the skin, so that it can scarcely be felt. The *frenal* extremity is near the frænum præputii, and ends abruptly in the mucous membrane; but it is not easy to perceive the lymphatic vessel, which is a continuation of the dilated portion. When the cord is pretty long, it presents a sort of intersection, probably denoting the presence of a valve; for, when it is pricked, only that portion on one side of the valve is emptied. The fluid is perfectly limpid: it reappears two or three days after the vessel has been emptied by puncture. The lymphatic varix first appears suddenly, after excessive irritation of the prepuce, as in coitus. It then disappears in a day or two; but returns on a renewal of the cause, and soon again disappears. It at length becomes permanent, and the cord is as large as a pigeon's quill. The affection does not produce any serious consequences.

The treatment varies, according as to whether the disease is intermittent or continuous. In the first case, it will be removed by astringent or tonic lotions. If it is continuous, a needle, armed with a thread, must be introduced into the frenal extremity, and brought out about a centimètre beyond. The pain produced is very slight. In three or four hours, the thread may be removed, sufficient inflammation having been produced. The cord is then swollen, somewhat tender, and opaque. It gradually decreases; and disappears in two or three months. If the thread be introduced at the dorsal extremity, the frenal end still remains dilated, and the operation has to be performed over again. [*Revue Médico-Chir. de Paris*, January 1851, as quoted in *Archives Générales de Médecine*, May 1851.]

OBSTETRICS.

DR. FLEETWOOD CHURCHILL ON OVARIAN IRRITATION.

In the *Dublin Quarterly Journal of Medical Science* for August 1851, Dr. Fleetwood Churchill describes an affection which he terms Ovarian Irritation. It most closely resembles subacute ovaritis, as described by Dr. Tilt; but it presents to Dr. Churchill certain points of difference which entitle it to be considered as a distinct affection.

It occurs in women of all ages within the limits of menstruation, and is most frequent in delicate nervous individuals. The chief symptom is uneasiness, generally amounting to pain, in one or both iliac or inguinal regions, but most frequently in the left. The pain may be a constant dull aching, or it may be acute and paroxysmal; it is greatly aggravated by standing, and generally by walking. In the severer cases, the patient may be quite unable to walk. On making a rectal or vaginal examination, nothing unusual will probably be discovered; but, in some cases, moving the uterus laterally causes uneasiness. There is no painful enlargement of the ovaries, such as is described by Dr. Tilt to exist in subacute ovaritis.

The circumstances under which the attack occurs are thus enumerated by Dr. Churchill. 1. In patients who occasionally suffer from amenorrhœa, it is not uncommon to find ovarian irritation at these periods, and not always altogether confined to them. Whether it be a cause or result of the suppression, is not clear. 2. On the sudden suppression of menstruation, the ovaries may be either affected by irritation, or, more rarely, by acute inflammation. 3. In dysmenorrhœa, there is more or less ovarian irritation, which Dr. Churchill believes to be generally secondary. 4. In menorrhagia, if the attacks be frequent, the ovaries generally become affected. 5. Ovarian irritation often accompanies congestion and erosion of the cervix uteri; but it most frequently comes on after the latter disease has persisted for some time, or after it is nearly or quite cured; but it then very soon subsides. 6. It occurs in hysteria, either with or without irregular menstruation. 7. Dr. Churchill has met with it in a few cases where the uterine and ovarian monthly functions were regularly performed, but the patients were of a highly nervous temperament, delicate, and childless.

When uncomplicated, the disease rarely gives rise to constitutional symptoms. The urinary secretion is mostly scanty, acid, and occasionally mixed with mucus. Many of the subjects are delicate and weak, and the attack keeps them so ; but it does not seem to aggravate their general condition.

Pathology. The absence of tumefaction generally, the negative results of an examination *per vaginam* and *per rectum*, the intermitting and paroxysmal nature of the attack, the absence of all the ordinary results of inflammation (abscess, accumulation of fluid, etc.), even in the severer cases, and the success of a certain line of treatment, appear to Dr. Churchill very strong arguments in favour of the disease being not inflammatory, but neuralgic. In most of these particulars, it differs from the subacute ovaritis of Dr. Tilt. It does not appear to stand in the relation of cause to the menstrual disturbance ; for sometimes it follows the latter ; or there may be even no catamenial derangement at all. It may disturb the menstrual functions in various ways, but it by no means invariably does so.

Causes. All influences—among which the most frequent is probably cold—which disturb the functions of the uterus or ovary, may be considered as causes of ovarian irritation. Excess in sexual intercourse has given rise to it in many cases ; and, in a few, it appears to have arisen from the entire deprivation of that stimulus.

Diagnosis. The relation to the menstrual functions, the symptoms, and the locality of the pain, render the diagnosis generally tolerably easy. It may be mistaken for intestinal irritation ; but the bowels, even if irregular, are free from irritability. From acute ovaritis, it is distinguished by the *tenderness being generally much greater than results from inflammation:* moreover, in acute ovaritis, the organ is always swollen and enlarged. In pelvic abscess, the hard and painful tumefaction is quite plain at the brim of the pelvis.

Treatment. Dr. Churchill has tried leeches, blisters, anodyne liniments, plasters, and enemata, with but partial success. The most efficacious method of treatment he finds to be the application of opium to the upper part of the vaginal surface. He uses it in the form of balls or pessaries, somewhat in the mode of Dr. Simpson's medicated pessaries, each ball containing two grains of opium, half a drachm of white wax, and a drachm and a half of lard. The whole forms a ball about the size of a large marble, and is placed at the upper end of the vagina by means of the speculum, the patient being left in bed for the rest of the day. Relief is very speedy, generally complete ; and, when the pain returns after a few days, a second application removes it. Dr. Churchill has tried this remedy in many cases, with almost invariable success. He has rarely found it necessary to bleed or blister since he first adopted it. He has tried these pessaries in cases of dysmenorrhœa, applying one the day before the catamenia were expected, with decided benefit.

In ovarian irritation, the bowels should be regulated. If the appetite is bad, vegetable bitters may be given, and it is generally useful to combine some alkali with them.

CÆSAREAN SECTION SUCCESSFUL.

Dr. Radford, in the *Provincial Medical and Surgical Journal*, No. xii, 1851, gives the details of a case, in which the Cæsarean section was performed by Mr. Goodman of Manchester, on account of extreme distortion of the pelvis, caused by mollities ossium. The child was extracted alive, and lived for seven months, when it perished from hydrencephaloid disease, arising from diarrhœa. The mother made a tedious but perfect recovery ; again became pregnant, aborted, and died. Dr. Radford adds :

" By the aid of the stethoscope, the incision was made in a direction to avoid cutting into the placenta ; this is very important. When the placenta

is cut upon or into, partial irregular contraction of the uterus happens; and through such an accident, the infant may be lost, as I have already stated. But besides this, the tissue of the uterus is likely to suffer from the force required to extricate it (the infant) from the spasmodic grasp of this organ. Besides, there may be greater risk of hæmorrhage when the placenta is prematurely disruptured or separated. The operation was timely performed in this case.

"There happened several important contingent circumstances, to which I shall briefly advert. The abdominal parietes were so much attenuated as only to allow a very slender hold to be taken by sutures, and were quite unequal to resist the pressure they were subjected to. By the force of the cough, etc., this weak structure was torn through, and the edges being thereby set at liberty, retracted on each side to a considerable extent, and exposed the bowels fully seven to eight inches in one direction, by three to five in the other. Notwithstanding this serious accident, the constitutional disturbance was only trifling in degree, and of short duration.

"The changes which successively took place on the exposed surface of the bowels were truly astonishing. A thin transparent effusion of lymph was first seen laid over the peritoneal coat of the intestines, which entered a little into the depressions formed between their convolutions. This thin gelatinous material gradually became thicker and more opaque, evidently the second step towards cicatrisation. During this wonderful process—for its effects were truly wonderful—innumerable vessels were seen, destined to carry on this great work of reparation. As this went on, there was a progressive and perceptible diminution in the size of the surface; and when completed, there was a cicatrix to be seen, very little different from one which is formed at the healing of a wound whose edges have been kept in juxtaposition.

"Symptoms of strangulation appeared, for the relief of which several expedients were adopted. The protruded portion of the bowel was ineffectually punctured. Nature, however, stepped in, and immediately the symptoms were relieved by the formation of an opening, through which a great quantity of feculent matter and flatus were discharged. This aperture continued throughout the case. Although this disaster protracted the patient's recovery, there is no doubt it had, at the time it happened, a most salutary effect. During the whole period of the case, the bowels were strictly attended to; and their ready obedience to our measures (chiefly enemata) considerably contributed to her recovery.

"The reparative process which happened in this case, and the decidedly conservative constitutional power which this woman had, proved, beyond dispute, that the opinion expressed by Dr. West (*London Medical Gazette*, No. 1210, February 1851, p. 245) is not infallibly true; and, therefore, ought not to influence us, and deter us from the performance of the Cæsarean section. The same restorative power was observed in the other successful case, which is already before the profession."

M. F. MARTIN ON RELAXATION OF THE SYMPHYSES OF THE PELVIS, AND ITS TREATMENT.

Parturition is sometimes followed by persistent relaxation of the various symphyses of the pelvis. As it commonly arises from the patient leaving the horizontal position too soon, as various sympathetic symptoms accompany it, and as other lesions may co-exist with it, it is not surprising that the nature of the affection should have been mistaken, sometimes for engorgement of the neck of the uterus, sometimes for retroversion of that organ. In persons thus affected, standing erect is peculiarly difficult, and sometimes almost impossible. In spite of using crutches, they feel severe pain in the sacral region, with stiffness in the lower limbs. In general, they are obliged to sit down, after making from ten to twelve steps. This exer-

cise frequently, by causing the two surfaces of the symphysis pubis to play against each other, produces an irritation of the tissues surrounding the urethra, and causes pressing and painful attempts at micturition. The ischia and ilia can also be felt with the hand to have an abnormal degree of mobility. If it be remembered, also, that the impediment to walking and standing commenced near the end of pregnancy, it becomes certain that the permanent relaxation of the pelvic symphyses is the cause of all the symptoms.

M. Martin has observed, that if the iliac bones be kept pressed against the sacrum, the power of walking is almost entirely restored. The apparatus which he uses consists of a large steel band, padded on the inside, embracing the whole circumference of the pelvis, passing over the external iliac fossæ, in the space between the crest of the ilium and the great trochanter. One lady, who could not walk twenty steps without being obliged to sit down twice or three times, was enabled in two days to walk about a large garden without aid.

It must be remembered, that the impediment is often trifling, and not always very easy to be recognised.

In one exceptional case, the band could not be left off. M. Martin advised the patient to wear it throughout her next pregnancy; and to remain in bed with it on for two months after her confinement. This was done; and in two years, she could easily walk a great distance without it. [*Bulletin Général de Thérapeutique*, as quoted in *Gazette Médicale*, July 26, 1851.]

DR. SAMUEL EDWARDS ON DYSMENORRHŒA.

In a paper communicated to the *Provincial Medical and Surgical Journal*, April 30, 1851, by Dr. Samuel Edwards, it is stated that dysmenorrhœa may be always found to depend on either—"1. A naturally contracted os, or cervix uteri, especially at its os internum; 2. A contracted or strictured condition of the passage through the neck of the uterus, from previous inflammation and ulceration; 3. Inflammatory congestion of the substance and lining membrane of the body or neck of the uterus, and sometimes of both, with or without ulceration, giving rise to temporary obstruction of the passage; or, 4. Obstruction of the passage from tumours, or other morbid growths."

Obstruction in some shape or other is looked on as an essential cause; but those who have inquired into the subject only superficially may be inclined to doubt this; for in some cases of dysmenorrhœa, room has been found to pass a bougie of moderate size. A case of this kind occurred to Dr. Edwards. The bougie passed readily on the first trial, but, on examining immediately before the expected period, the passage was found congested and swollen, so that the same bougie could not be made to pass, nor yet a much smaller one, without causing bleeding and much pain.

Dr. Edwards adduces cases illustrative of the various morbid causes above alluded to, and the results of what he considers the most successful modes of treatment. These include, with reference to the particular morbid condition, dilatation of the uterine passage with a bougie, probe, or catheter; scarification of the cervix (very seldom necessary) to relieve engorgement, followed by free pencilling with the solid caustic; insertion of a probe smeared with a mixture of caustic and extract of conium, combined with injection of alum and tannin, when rendered necessary by the presence of leucorrhœa; and the internal administration of blue-pill, henbane, and rhubarb-pill, or extract of colocynth, along with various forms of iron, quina, bitter infusion, strychnine, and muriatic acid, to combat dyspeptic symptoms, and restore the general health.

In one case treated by Mr. Paulson of Mansfield, in which intractable vomiting had been present for years, and unsuccessfully treated as an affec-

tion of the stomach, speedy relief both of the dysmenorrhœa and vomiting followed the dilatation of the cervix uteri with the bougie; and the patient conceived for the first time. "The introduction of the probe," says Dr. Edwards, "acted as a stimulant, changing the perverted action of the mucous membrane, and promoted interstitial absorption, thereby diminishing the size of the cervix, and increasing the patency of the passage."

In another case, Dr. Edwards says: "There was no symptom which led me to infer uterine disease, and I looked upon it, in all probability, as one of a naturally contracted os and uterine passage, especially as she had been affected with the dysmenorrhœa from the first of her menstrual life. The speculum disclosed this to be a correct view. The vagina and cervix were healthy, but the os it was difficult to find, the only appearance of it being the merest depression; no probe that I could get would enter it in the slightest degree, with all the pressure I dare exert. Under these circumstances, a slight incision was made at the point mentioned, by means of a spear-shaped lancet, and I was then able to pass up a very small metallic bougie about half an inch. On April 26th, I again passed up the same bougie, and, after some little trouble, was able to introduce it up somewhat higher, viz.,—to the extent of nearly an inch. This operation was repeated every fourth or fifth day, with an increasing sized bougie, until the 15th of May, when menstruation again came on. It was attended this time with decidedly less pain; still it was considerable, but not so persistent. On May 22nd, I passed up a small sponge tent, but it produced so much pain that I was compelled to withdraw it. The bougies were consequently continued every three or four days, and kept in for ten minutes at a time, sometimes longer. On May 28th, I find it recorded that the whole of the uterine passage was larger, and that I could pass a small instrument at least two inches. On June the 10th, the catamenia again commenced; the pains were considerably lessened, and only lasted five or six hours. Her health was much improved. Up to August the 30th, the bougie has been occasionally employed; two periods have passed over with but trifling inconvenience, and she considers herself well."

The following observations, in reference to two other cases, the first occurring in his own, and the second in the practice of Dr. Wardell, are quoted at length, in consideration of their practical importance.

"The above case is clearly an illustration of the first cause; and the obstruction which existed both in the os and uterine passage, together with the result of treatment specially devoted to the overcoming of that defect, incontestably prove that in this case, at any rate, obstruction was the sole cause of the dysmenorrhœa. There was no disease in the passage, or any disorder of the general health, which could account for it; but on the obstruction being lessened, the pains were immediately diminished in severity. This was the first case which ever came under my notice, that required the use of any cutting instrument; but it was rendered necessary by the condition of the os uteri, which would not allow any probe which I had to enter it. After the enlargement of the uterine aperture, I was enabled to pass a small bougie half an inch, thereby showing that that was the narrowest part. Professor Simpson, of Edinburgh, informs me that he has long put on one side bougies and tents for the more potent means of incising the cervix uteri. I must confess that, theoretically, I am disposed to view the incision of the uterine passage as an operation of no very trifling importance, for two cases have been reported to me in which the operation had been performed; in one the hæmorrhage was extreme, and very alarming, in the other the incisions got well, and left the passage as impervious as before. To render incision successful, it does appear to me, therefore, that the bougie should be also had recourse to subsequently to the operation for some time, and therefore, on the score of the repetition of a delicate manipulation, the one is no better than the other; besides, it would be wise to anticipate a little, and reflect

how would this mutilated cervix and os dilate on the approach of labour, should the subject of the operation become pregnant! I have now treated very many cases of dysmenorrhœa successfully by means simply of the bougie, aided by the employment of caustic; and the success I have met with induces me to persevere in a plan that is not open to the objections which incision exhibits. This latter could only be applicable to cases arising from the first and second causes; for where disease exists in the uterine passage, it could only act as a temporary remedy. We must overcome, likewise, this disordered condition of the part, at the same time that a permanent passage is maintained; and this, my experience teaches me, is best obtained by the tent or bougie,—the latter of which I almost exclusively make use of,—the judicious application of caustic, and properly directed *general* treatment."

And again; Dr. Wardell's case "is an illustration of the second cause spoken of, viz., a contracted or strictured condition of the passage through the neck of the uterus, from previous inflammation or ulceration. Previous to the diseased condition of the womb, there was no dysmenorrhœa, but during the course of treatment it came on, and increased considerably after the ulceration was cured. The appearance of the os and its surrounding surface, induces one to ask,—How far the effect of the deep cauterization with the potassæ hydras may have been the cause of the contracted condition of the passage? My own impression is, that it was; and reasoning from its effects in other parts of the body, I think we are justified in the conclusion. I have applied the solid nitrate of silver around the cervix, and oftentimes up the uterine passage, without occasioning such a result in the slightest degree; and I take this opportunity of again repeating, (with considerably increased experience,) that which I urged in a paper read before the Provincial Medical and Surgical Association, at Bristol in 1847, and which was printed in the *Journal* of September 8th of that year, viz., 'in the generality of cases that have occurred to me, the nitrate of silver has answered all the purposes of an efficient caustic, and that I cannot but view the actual cautery, the Vienna paste, the pernitrate and acid nitrate of mercury, as well as nitric acid applications, as of too violent a character for ordinary use to that portion of the body.' Since that time I have never met with a single case of ulceration, engorgement, or induration of the uterus, that I have not overcome by means of the lancet, *lunar caustic*, and last, but decidedly not least, by *general* treatment. I am convinced that by some practitioners on uterine diseases in the present day, too narrow a view is taken of them; the diseased womb is looked upon as if it were isolated from the rest of the body,—as if it had no connections—no sympathies. The fact is too often lost sight of, that its morbid states may be, and I believe often are, the result of a morbid condition of the general system. The adoption of specialities at the present time, however valuable in some respects, has an injurious tendency in others. A physician who has directed his attention exclusively to diseases of a particular part, or who has chained himself down to one particular mode of investigation, is often apt, as I remarked before, to take too narrow a view of disease; and when general symptoms exist in the patient who applies to him, which he cannot well account for, from his limited practical knowledge, he is led unconsciously to distort them to his purpose, and fixes upon his "hobby-horse" (whatever it may be) as the seat of his patient's malady. The local disease is consequently attacked, whilst the depraved state of the system, which frequently gives rise to it, is neglected. Simple ulceration of the womb is, I am more and more satisfied, oftentimes an effect of a disordered condition of the general system, and should be met equally by general remedies, as by the application of local ones; the judicious adoption of the former will occasionally obviate the necessity of the latter, and when this is indispensable, the *general* treatment will generally shorten the period of the requirement of the *local*."

RETENTION OF THE CATAMENIA—DEATH FROM EFFUSION INTO THE PERITONEUM THROUGH THE FALLOPIAN TUBES.

Drs. Marchand and Massé relate the following case in the *Journal de Médecine de la Loire-Inferieure*, tome xxvi, Nos. 131 and 132. We quote it from the *Archives Générales de Médecine* for July 1851.

Case. A young woman, aged twenty-two, who had never menstruated, had suffered since the age of thirteen or fourteen from pains in the hypogastrium and loins. The pains recurred each month at the same period, and continued three or four days. During some years the abdomen had been tense, and, for some time, the enlargement and the pain had gradually and considerably increased: the general health was however very good. On examination, it was ascertained that the external orifice of the vagina was closed by a membrane, behind which the menstrual fluid was retained. This membrane was laid open by a crucial incision; and, after some blood had been forcibly ejected to some distance, there escaped two or three quarts of a black inodorous fluid, without clots. Compression was made on the abdomen. For three days, the menstrual fluid continued to escape without pain, to the amount of four or five quarts: the abdomen diminished in size, and the patient seemed to be going on well, when she was seized, on the fifth day, with subacute peritonitis, of which she died nine days after the operation.

Autopsy. The whole of the peritoneum beneath the transversalis muscle was in a state of inflammation. The convolutions of the intestines, slightly adherent to each other, were covered with false membranes, the serous membrane beneath being of a deep red colour, especially in the vicinity of the pelvis, where, and in the iliac fossæ, there was some pus or sero-purulent fluid. The uterus was longer than natural, about the size of a fist; the cavity of the neck was also dilated. The vagina was enormously dilated, especially towards the upper portion. The vaginal and uterine mucous membrane were tinged with blood. The Fallopian tubes presented different appearances in their uterine and in their ovarian portions. The uterine part was normal; while the ovarian or abdominal end was distended with black blood, and resembled a varicose vein of the size, at least, of the little finger. The dark blood which they contained was very fluid, and could be very easily pressed out in drops through the fimbriated end of the tube. There were some drops of the dark blood on the portions of the peritoneum in contact with the Fallopian tubes; and at these points were the most evident traces of peritonitis.

MATERIA MEDICA AND PHARMACY.

MUCILAGE OF PINUS BALSAMIA.

Dr. Cleveland, in a paper (*New York Register*, Sept. 1, 1851) on the American indigenous plants yielding mucilage, remarks: "The twigs of the fir balsam, when of but one or two years' growth, contain a large amount of mucilage, which, as it is combined with the balsam, is superior to that obtained from other sources for pectoral complaints, and those of the kidneys, bladder, or urinary passages, or of the stomach, as well as gleet, leucorrhœa, etc. This is to be prepared by selecting the extremities of the limbs of young trees, and after carefully stripping off all the leaves, the bark is to be separated from the wood, and steeped in hot or cold water."

CANTHARADINE OINTMENT.

This may be prepared by rubbing together equal parts of the ethereal solution and lard or mutton suet. Frictions made with this ointment induce vesication in a few hours. It is much used in Prussia.

REPORTS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

April 5, 1851.

Mr. Trant in the Chair.

Case of Gout in the Stomach treated by the Internal Administration of Ether and Chloroform. By Charles E. Bagot, M.D. The patient was T. Ll——, Esq., aged 42, formerly an officer in Her Majesty's service. He was rather a small man, very thin, and of a nervous temperament. His constitution was delicate, and probably somewhat impaired by hardships encountered whilst stationed in Canada. About two years previous to this illness, he had had a slight attack of gout in one of his feet, and since that period he had passed rather a slothful life.

He was lying on his left side, with his knees drawn up, suffering from pain referred to the epigastrium and cardiac region. There was great tenderness on pressure over the seat of the pain, also considerable hardness, exactly corresponding to the position of the stomach; the intense agony under which he laboured was of the true spasmodic character met with in cases of gout attacking this organ, a certain amount of pain being constant, with a violent spasm recurring at short intervals. He had frequent vomiting, also several attacks of chill, none of which amounted to a rigor, and he also complained of slight cramps in the hands and legs. He was restless, with cold surface; pulse 60, small and weak; tongue clean, and perfectly cold. He had been confined to bed the previous day with gout in his knee; his suffering had not been very severe, and he had, at eleven o'clock at night, partaken of a red herring and a glass of hot punch, after which he had fallen into a sound sleep, which continued up to six in the morning. At that hour he awoke in violent agony, and immediately discharged the contents of his stomach; the pain in the knee-joint having entirely disappeared. Dr. Bagot saw him at nine a.m., three hours from the commencement of the attack, at which time it would be difficult to imagine anything more unpromising than his case.

Dr. Bagot covered the abdomen with sinapisms, and had his legs and feet rolled up in large pieces of flannel wrung out of hot water, containing a quantity of mustard and salt, which were frequently renewed. He immediately administered eighty drops of tincture of opium, with a drachm of ether; but not finding the slightest relief afforded by the laudanum, he substituted chloroform in combination with the ether. He considered that the terchloride of formyle would have an advantage, from its being not only antispasmodic, but also stimulating and diaphoretic. The most marked relief followed its exhibition. For three hours this mode of treatment was followed, at the end of which time signs of reaction appeared. The dose of ether having been from half a drachm to a drachm, and that of chloroform from twelve to eighteen drops, a close approximation to the entire quantity of each would be ʒ x of ether and ℈vij of chloroform. During this time his thirst was very great, and he took frequent draughts of cold water, which seemed to accumulate in his stomach, and be thrown off at intervals, this vomiting not being attended with either an increase or diminution of the pain, and not followed by any particular exhaustion. As soon as reaction had fairly set in, he administered two terebinthinate enemata, which came away without any fæces. At three o'clock reaction, which had been very slow, was fully established, his body having become warm, and his tongue much nearer to a natural temperature, though yet rather cool. The pain in the stomach was much relieved, but the vomiting was now more troublesome, and his

thirst very great; he was also much annoyed by windy eructations; the hardness in the region of the stomach was persistent; pulse fuller. A grain of calomel, rubbed up with a little white sugar, was now given every half hour. At six o'clock, the vomiting had in a great measure subsided, a little warm whey having remained on his stomach. He was also freer from pain than he had been at three p.m.; pulse as before, 60 in a minute, and fuller. The calomel was continued every hour. At eleven p.m., he was much better; his bowels were well acted on. The calomel was continued at intervals of three hours; and sinapism was applied on the epigastrium, and his feet kept hot through the night. He gradually recovered, the gout appearing again in the same knee next day but one, where it continued to give considerable pain for about thirty hours. A little dull pain continued for a day or two in the epigastrium, but the hardness remained for some time, and disappeared very gradually.

April 19, 1851.

Mr. Trant in the Chair.

Case of Disease of the Head of the Tibia. By Dr. Nolan. The patient was a girl, aged about 17 or 18, on whom Dr. Nolan performed amputation. The diseased part consisted of large cells, about an inch in diameter, filled with bloody fluid. The disease extended into the interior of the tibia and all round it; the fibula was beginning to be affected, and a few inches above the ankle, on the front of the tibia, a tumour, about the size of a nutmeg, was seen, the disease beginning there also; the knee-joint and cartilages were all of a yellowish hue; the capsular ligament was thickened and yellowish, and the synovial fluid red, and the fluid in the bursæ around the joint of the same character as that in the tumour. The shaft of the femur seemed healthy, as well as the muscular structures.

Case of Ligature of the External Iliac Artery. By Charles Halpin, M.D. Private M. M., a hatter by trade, aged 21, belonging to the 35th regiment, was admitted to detachment hospital on the 13th of August, 1850. He was labouring under gonorrhœa virulenta, with bubo in the right groin. There was also an ulcer on the dorsum of the glans penis. He had been ailing between four and five days. A poultice was applied to the groin, and solution of nitras argenti to the sore on the penis, and he was ordered ʒj of sulphate of magnesia, with one-sixth of a grain of tartrate of antimony three times daily. He was treated by mercurials and opium, and subsequently by quinine, up to September 10, when he appeared almost fit for discharge. At nine p.m., he had a smart hæmorrhage from a fistulous point of the ulcer in the groin. A compress of lint, with moderate pressure, arrested it completely.

Sept. 11*th.* In the evening, about an ounce of blood came away.

Sept. 12*th.* At half-past twelve p.m. considerable hæmorrhage set in, evidently from the femoral artery; it gushed out with extreme violence on removing the compress. In consultation with Dr. Roe, it was decided to put a ligature on the external iliac artery; but this proceeding was deferred until four p.m. In the interim, the bleeding was repressed by a firm compress, retained by relays of men, who relieved each other at intervals. A semilunar incision was made above, in the direction of Poupart's ligament; a ligature was placed on the external iliac, about two inches above Poupart's ligament; the slight make of the patient, and the empty condition of his bowels, favoured the operation, which was performed in about three minutes. There was not half an ounce of blood lost. All hæmorrhage ceased instantly, as did all pulsation in the limb; the leg was wrapped in warm flannel. At six p.m., the limb had recovered its temperature; slight smarting pain in the track of the incision. He had an anodyne draught at bed-time.

Sept. 14*th.* About an ounce of venous blood came away from the site of the bubo about two a.m. He had some pain along the course of the vessels as far as the knee.

Sept. 15th. After having passed a quiet night, at twenty minutes past five A.M., about six ounces of venous blood came away from the site of the bubo ; the bleeding ceased spontaneously, but recurred about twelve hours afterwards, to the extent of ten ounces, and ceased as before.

Sept. 16th. Forty-five minutes past two P.M. Hæmorrhage having returned, Drs. Roe and Halpin opened a tumour that had formed, within the last twelve hours, in connexion with the bubo and site of the hæmorrhage, and a large quantity of coagulum turned out. A considerable discharge of blood took place, apparently from the point at which the profunda femoris is given off. From the sloughy condition of the parts, it was impracticable to apply a ligature ; a compress of sponge, etc., was applied, which controlled the bleeding. The pulse was rapid and tremulous ; about thirty ounces of blood, it was estimated, were lost this day.

Sept. 20th. Hæmorrhage, evidently arterial, occurred at ten A.M. All dressings were removed ; the bleeding, which had ceased, proceeded apparently from the site of the ligature ; he complained of *intense pain* along the inner side of the thigh and leg. He died at two P.M., hæmorrhage having returned a few minutes previously.

A *post-mortem* examination was made on the 21st of September, nineteen hours after death. The peritoneum, which had not been wounded in the operation, was found adherent to the cæcum ; it was easily torn in separating it from this part. The artery was exposed from the bifurcation of the aorta to the middle of the thigh. The ligature applied to the external iliac was retained by some portion of the external coat only ; the artery had not been disturbed to a greater extent than permitted the needle to pass under and between it and the vein. About two inches below Poupart's ligament, there was an *aneurism* of the femoral artery, capable of containing a small chestnut. The origin of the profunda femoris was implicated in this aneurism. The femoral vein was destroyed for about three inches of its course, below Poupart's ligament. The ulceration connected with the bubo, reaching the aneurismal sac, eroding its coats, originated the hæmorrhage on the 10th instant, which terminated in the death of the patient on the 20th ; but the blood which came away on the 14th, 15th, and 16th, and which had all the character of venous blood, probably descended through the iliac vein, and escaped by the femoral vein, which had been destroyed by ulceration.

Remarkable Case of Biliary Calculus. By Dr. Benson. The calculus was four inches and a half in circumference, and in the lesser size three inches and a half. It was altogether the size of a walnut, and had passed through the rectum of a man aged 56.

Strangulated Femoral Hernia. By Mr. Ellis. The patient, a female, aged 60, of delicate constitution, who had had several children, was admitted into Jervis-street Hospital, on Friday, March 2nd. She had suffered from reducible hernia for several years. The strangulation had existed from the previous Tuesday, and the symptoms were not those of acute strangulation. The tumour was oval, elastic in the centre, and œdematous at its circumference; there was pain at the epigastrium; not much thirst; occasional vomiting of bilious matter; the abdomen was not much tumefied, nor very tender on pressure. The taxis, ice, and enemata, were tried without effect. The operation was therefore determined on. It was commenced by an incision of an L shape. The superficial fascia was thin; there was no fascia propria; the sac was so thin, that the omentum could be seen through it. No fluid escaped on incising the sac. The omentum adhered to the sac, and its under surface adhered to a knuckle of intestine. The stricture at Gimbernat's ligament was so tight, that the nail could not be introduced; and it required a good deal of force to pass the director, on which the bistoury was introduced, and the stricture divided. On passing in the finger, a band was then felt, which was divided, and the intestine was returned without any

difficulty; after the adhesions were broken up, the omentum was also returned.

Very little alteration in the symptoms took place after the operation. There was no action from the bowels, On Sunday morning, there were symptoms of sinking; and the patient died at six o'clock that evening, fifty-two hours after the operation.

On a *post-mortem* examination, the omentum was found to be adherent to be adherent to the peritoneum of the anterior wall of the abdomen; the knuckle of intestine then came into view, which had protruded through a well-defined circular hole in the omentum, and was *there* strangulated.

Cases of Strangulated Hernia. By Dr. Macdonnell. Dr. Macdonnell related the heads of a case of this kind, in which he had operated three or four months since in the Richmond Hospital. Dr. M. was sent for at a late hour to see the patient, whom he found labouring under severe symptoms of strangulation. There was a large, very tense, and painful scrotal hernia; an old reducible hernia having become strangulated about forty-eight hours before. There was a sunken expression of countenance, frequent vomiting, hiccup, small and rapid pulse, tympanitic and tender abdomen, and constipation since the strangulation. The taxis having been already perseveringly tried without success, he proceeded to operate. Nothing worthy of note occurred till the sac was opened. It contained nearly a foot of tensely distended small intestine. A stricture was discovered, and divided at the situation of the internal abdominal ring. To his great surprise, he found that he could not return the intestine. The stricture was then dilated, so as to permit the forefinger to pass freely into the cavity of the abdomen. Still every effort to return the intestine *en masse*, piece by piece, or even to empty the contents of the intestine, completely failed. Finally, the attempt at reduction was given up, under the impression that the intestine was still strictured by some internal band beyond the reach of the finger. The patient died within twenty-four hours after the operation; and, on examination, the explanation of the above-mentioned singular circumstance was found in the fact, that the intestine had been turned round and round on itself, so as completely to obliterate its calibre at the internal abdominal ring. This accounted for the impossibility of emptying the intestine of its contents, and showed that, without untwisting it, the intestine could only have been returned *en masse*, which would have required, such was the quantity and distension of the protruded part, an opening several inches wide.

MISCELLANEOUS INTELLIGENCE.

Dr. Cormack's Letter on Homœopathy, to the Provincial Association. In our last number, we inserted full reports of the speeches delivered at Brighton, upon the occasion of the unanimous repudiation of the present prevailing professional laxity and charlatanry, in connexion with the homœopathic quackery. We had not then room for Dr. Cormack's letter; by the publication of which the course of action so cordially adopted was first definitely suggested. The letter originally appeared in the *Provincial Medical and Surgical Journal* for 6th August, and was also published as a pamphlet, with additional matter, in the form of an appendix. The pamphlet is out of print.

"Our Relations with Homœopathy. *To the Editor of the Provincial Medical and Surgical Journal.* Putney, July 29, 1851. Sir,—While, with you, I recognise the greatness of the benefit conferred on legitimate medicine by the recent acts of the Scottish Colleges, I cannot help feeling that we ought to do more than, as individuals, yield to them our concurrence and applause. We ought not, I think, to allow our annual meeting at Brighton to pass without issuing a deliverance upon the subject of homœo-

pathy, as explicit as those which have come to us from beyond the Tweed ; and there is one point upon which it appears to me that even more plainness of expression is required.

"To adopt resolutions setting forth that the homœopathic dogma and the doctrine of infinitesimal doses have no truthful basis, and are, in fact, mere nonsensical delusions, may be quite proper, inasmuch as some honest but weak and undisciplined minds have been seduced by the hardy assertions and false reasoning by which these errors have been supported. But something more is required, if it be true, as I think it is, that this fashionable quackery is so susceptible of adaptation to the most contradictory prejudices of shallow men and women, as to have become a sort of Protean deceit, able to lure lucre by every imaginable wile from the sick and the silly. The worst part of homœopathy is, in my opinion, the DISHONESTY of the majority of those who live by it. When patients are once secured, they are, I think, very rarely treated in accordance with the principles of Hahnemann ; but are retained by the combination of every current medical novelty which may at the time be most in favour with the moneyed throng of quack-fanciers. I have not been able to hear of any one who honestly relies on homœopathy for the cure of disease ; but I can point to many calling themselves homœopathic practitioners, who attempt to relieve the symptoms of disease by the same means which we would adopt, and to others, who retain their *clientelle* fully as much by practising hydropathy, Mesmerism, and miscellaneous tricks, as by giving the globules. If homœopathy were honestly practised, it might be amicably dealt with ; but as it is truly a combination of any and every available charlatanic trick, it cannot be effectively opposed as a distinct medical heresy, and therefore all that remains for us, as men of science and men of integrity, is to give notice, that we exclude from all professional intercourse practitioners who are in any way engaged in using or upholding a system which we think bears upon its very face fraud as well as absurdity.

"I have heard it urged in extenuation of the fall of some medical men, that they had large starving families, and that they had met with distressing pecuniary reverses. It has often been said to me that if they treated disease to the best of their ability, there was no great crime in their sailing so far with the fashionable current as to call themselves homœopathic, and to give globules as placebos. From my heart I compassionate these persons ; for I know that want has distorted and destroyed the moral sense even in good men ; but, while in some cases we pardon the transgressors, let us not be tolerant of the transgression. It behoves us, quickly and decidedly, to draw a broad line between medicine and homœopathy, so as to encourage and strengthen the hands of many in our impoverished and overstocked profession, who, though tempted, have not yet bartered principle for pelf.

"The Provincial Medical and Surgical Association has now the power, and the near opportunity, of drawing this much-needed line of demarcation :— *Let the Association declare that the names of homœopathic practitioners and of those who hold professional intercourse with them, cannot be on its list of members.* The promulgation of this law would enlighten the public. It would also deter some too-facile consulting physicians from meeting the homœopathic quacks "simply for diagnosis"; and it would make it impossible for operating surgeons to say they did not mean to insult the profession, "that they only went to give a surgical opinion" or "perform an operation". When it is known that such unworthy proceedings are of daily occurrence in London ; and when we see Fellows of our metropolitan Colleges eagerly seeking as the patrons of their hospitals Lord Carlisle, Lord Robert Grosvenor, and other noblemen who are notorious abettors of homœopathic charities, is it wonderful that the public mind has become poisoned, and unable to discriminate between legitimate medicine and fraudulent practice ? When we see Fellows of both London Colleges so demeaning themselves, how

can the colleges serve the cause of truth? In these circumstances, it is doubly the duty of our great Association to come forward; and when we meet at Brighton, let the fact of membership be made a more distinctive test of professional morality than any now existing out of Scotland. I am, Sir, your obedient servant, JOHN ROSE CORMACK."

HOMŒOPATHIC REJOINDER TO THE BRIGHTON RESOLUTIONS. "ASSOCIATION FOR THE PROTECTION OF HOMŒOPATHIC STUDENTS AND PRACTITIONERS. At a meeting of the committee, held on the 1st of September, in consequence of the recently published resolutions of the Provincial Medical and Surgical Association, and other allopathic bodies, regarding homœopathy, it was resolved,

"1. That homœopathy is thoroughly reconcileable with science and common sense, is in accordance with the experience of some thousands of medical men, and deserves the study of practitioners and the confidence of the public.

"2. That the framers of the hostile resolutions referred to, and other prejudiced opponents, are totally ignorant of homœopathy, avowedly refusing to study its principles (in the writings of Hahnemann and others), and to witness its practice in the homœopathic hospitals and dispensaries, to which they have been repeatedly and cordially invited.

"3. That, notwithstanding the difference in their treatment of disease, there can be nothing derogatory in homœopathists and allopathists (equals in education, science, and social position) consulting together at the request of patients and their friends as to the nature of the malady.

"4. That the resolutions of the Provincial Medical and Surgical Association, representing, as they do, the opinions of only a small fraction of the allopathic body, are in themselves, and for the reasons given above, utterly valueless.

"WM. MACDONALD, M.D., F.R.C. P.E.,
Professor of Civil and Natural History
in the University of St. Andrew's.
JAMES CHAPMAN, M.A., Cantab. M.D.
EDWARD HAMILTON, M.D., F.L.S.
DAVID WILSON, L.R C.S.E.
THOMAS SEADAM, M.R.C.S.
ROBERT E. DUDGEON, M.D., Secretary.

82, Glocester-place, Portman-square, London, Sept. 1, 1851."

THE BRIGHTON RESOLUTIONS, of which the above is a parody, we subjoin for the sake of comparision.

1. That it is the opinion of this Association, that homœopathy as propounded by Hahnemann, and practised by his followers, is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the Medical Profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner.
2. That homœopathic practitioners, through the press, the platform, and the pulpit, have endeavoured to heap contempt upon the practice of Medicine and Surgery as followed by members of this Association, and by the profession at large.
3. That for these reasons it is derogatory to the honour of members of this Association to hold any kind of professional intercourse with homœopathic practitioners.
4. That there are three classes of practitioners who ought not to be members of this Association, viz.—1st, real homœopathic practitioners; 2nd, those who practise homœopathy in combination with other systems of treatment; and 3rd, those who under various pretences meet

in consultation, or hold professional intercourse with those who practise homœopathy.

5. That a Committee of seven be appointed to frame laws in accordance with these Resolutions, to be submitted to the next annual meeting of the Association.
6. That the thanks of the Association are eminently due and are hereby given to the Presidents and Fellows of the Royal Colleges of Physicians and of Surgeons of Edinburgh, for their determined stand against homœopathic delusions and impostures.
7. That the thanks of the Association are also due and are hereby given to the Universities of Edinburgh and St. Andrew's, for their resolution to refuse their diplomas to practitioners of homœopathy; but the Association feels imperatively called on to express its disapproval of any School of Medicine which retains among its teachers any one who holds homœopathic opinions.
8. That these Resolutions be printed, and transmitted to all the Medical Licensing Bodies and Medical Schools in the United Kingdom; and that they likewise be inserted in the *Times* newspaper, the *Morning Post*, the *North British Advertiser*, *Saunders's News Letter*, all the British and Irish Medical Periodicals, and in such other Journals as the Council may sanction upon the recommendation of the Branch Associations.

Homœopathy Repudiated in Guernsey, and the Resolutions of the Provincial Medical and Surgical Association Approved. *To the Editor of the Lancet*, Sir,—The inclosed has been sent to the Committee on Irregular Practice of the Provincial Medical and Surgical Association. It is far too important a document to be merely laid before a few individuals, and presented twelve months hence at the next general meeting of our Association. Looking at the signatures attached to this address, I feel, therefore, that it is my duty, not only to communicate it to my colleagues in the committee, but to request the favour of your publishing it to the profession in the pages of the *Lancet*. Allow me to add, that since the Brighton meeting I have received upwards of a hundred letters, approving very heartily of the course then adopted in describing the three classes of practitioners who ought not to be allowed to be members of our Society. I entertain the hope that other bodies will act in a similar manner; and that, ere another year has elapsed, there may be a broad line drawn between homœopathic charlatanry and rational medicine. I am, Sir, your obedient servant,

Putney, Sept. 13, 1851. John Rose Cormack, M.D.

The following is the communication referred to by Dr. Cormack:—

"*To the Committee on Irregular Practice of the Provincial Medical and Surgical Association.*

"Guernsey, Sept. 10, 1851.

"Gentlemen,—We, the undersigned medical practitioners of the island of Guernsey, beg to offer our warm congratulations and sincere thanks to the Provincial Medical and Surgical Association in general, and to you, as their Committee, in particular, for the manly and straightforward Resolutions unanimously adopted at a meeting of that body held at Brighton on the 14th ultimo.

"We likewise desire to express our cordial approval of the uncompromising tone of the speeches delivered on that occasion, when, in our humble opinion, the principles of truth, honesty, and morality, were enunciated, the science of medicine vindicated, and the injurious tendency of homœopathy —its hollowness, absurdity, and dishonesty—demonstrated by clear, comprehensive, and irrefragable facts.

"We would fain hope that the dignified manner in which the Association has responded to the movement of the Universities of Edinburgh and St.

Andrew's, to expose and discard homœopaths, will be followed by the English and Irish Colleges, and thus enable the United Kingdom to set as bright an example in checking error and upholding truth in medicine, as it has recently done in religion.

"We derive additional satisfaction in addressing the Provincial Medical and Surgical Association, from having throughout firmly, advisedly, and conscientiously resisted all attempts to induce us to hold intercourse with homœopathic practitioners, or to countenance a system, the offspring of quackery, the refuge of imposture, and the nursling of dupes.

"We now calmly await the course of events, satisfied that truth and honesty will prevail, and that homœopaths, who seek to be considered as regular practitioners, and pertinaciously shelter themselves under the *ægis* of medical institutions, will ultimately be exposed and repudiated.

"We have the honour to be, gentlemen, your obedient servants,

"John Mauger, M.R.C.S.Eng.
S. Elliott Hoskins, M.D., F.R.S.
N. Magrath, M.R.C.S., R.N.
De Beauvoir De Lisle, M.D.
Thomas L. Mansell, A.B., M.D.
John Roberts, M.R.C.S.Eng.
R. G. Carey, M.D.
Fred. C. Lukis, M.R.C.S.Eng., M.D.
M. A. Bazille Corbin, M.R.C.S.Eng.
B. Collenette, M.R.C.S.Eng.
Martin Mauger, M.R.C.S.Eng.
Polydore Tranter, M.R.C.S.Eng.
J. Baines, M.R.C.S.Eng."

Dr. J. Y. Simpson and Mesmerism. *To the Editor of The Lancet.* Sir,—During the last few months, I have been more than once, directly or indirectly, alluded to in your leading and other articles in tones of reprehension, and have been broadly accused of committing professional faults which I never committed, and of holding opinions which I never held.

Sometimes your editorial accusations have been in the form of extracts from the writings of others; sometimes they have consisted of observations offered by yourself.[1] I have not of late answered any of these accusations, partly because the task of doing so is always a disagreeable task, and partly because I fear and feel that I am getting too old and callous to care about such things.

In your journal of Saturday last, there is a renewed attack upon me in an editorial article, in which I am held up by you as a believer in animal magnetism; and, at the urgent request of an esteemed London medical friend,

[1] Thus, for example, two or three months ago, you stated, in one of your editorial articles, that an Edinburgh physician (and the allusion was intended to apply to me) had come up from Edinburgh as far as London, to hold a consultation with a homœopathist physician at Brighton, but that I found professional feeling so "hot" upon the subject, that I wisely returned. So far was this from being the fact, that I wrote from Edinburgh immediately on receiving the letter from Brighton, and stated that I was engaged to visit professionally, as soon as I could possibly leave Edinburgh, two chronic cases, the one in London and the other in Paris; that I would thus pass and re-pass near to Brighton, but that I could not meet the practitioner, as he was known to be a homœopathist. Let me add, that I believe professional opinion is "hotter", and in a healthier state upon this subject in Edinburgh than in London. When in London, on the occasion referred to, I was told by one of your first surgeons, that he was attending the foot of a noble duke, whilst a celebrated homœopathist was attending to his grace's stomach and constitution.

Whatever laxity may have existed on the question, here or elsewhere, in past times, there exists none now in Edinburgh, since the Colleges have taken up the subject, and pronounced upon it.

upon whose judgment I place very great reliance, I at last unwillingly take up my pen to say that, on this, as on various other former occasions, your accusation is erroneous.

I do not believe, and never did believe, in animal magnetism. During the last ten or fifteen years, I have repeatedly seen experiments made upon the subject, and I have repeatedly made them myself. In the course of them, I have witnessed very interesting physiological and psychological results, such as the production of deep sleep, fixture and rigidity of muscles, lesions and perversions of sense, etc.: but I have no belief whatever that these effects are the effects of any power, force, agency, or entity, such as is understood by the term animal magnetism, passing from the so-called "Mesmeriser" to the so-called "Mesmerised". On the contrary, these experiments have firmly convinced me, as they have convinced others who have seen them, that these, and other phenomena of the like kind, are merely effects produced by the mind of the "Mesmerised" upon his or her own economy; that they are only self-mental acts, if I may so speak, and that they are as independent of any "Mesmeric" influence as are the phenomena of common sleep, or common dreaming, or common hysteria.

If you, or any of your readers, have, perchance, any desire to know more explicitly my opinions on the subject, you will find them stated at greater length in the May number of the *Monthly Journal of Medical Science*, in a discussion on the subject of "Electro-Biology", before the Edinburgh Medico-Chirurgical Society. In that report it is, *inter alia*, mentioned, that (to quote the words of the report) "Dr. Simpson stated that he totally disbelieved in any of the so-called higher phenomena of animal magnetism,—as lucidity, transference of the senses, clairvoyance, etc. If a person could see with the tips of his fingers, or the pit of his stomach, as was averred, it would be an enormous fact, and would require an enormous amount of proof to substantiate it as a fact. But the evidence adduced was generally of a very imperfect kind, and melted down before accurate inquiry. He had such a conviction of this, that he offered to place in the President's hands £100, which he would give to Dr. Macdonald for the scheme for which he (Dr. M.) was lecturing, if Dr. Macdonald could bring any clairvoyant who could read a line of Shakspeare, or two or three words out of the dictionary, which Dr. S. would shut up in a box. If there was any truth in clairvoyance, why should not a clairvoyant be able to gain for Dr. Macdonald this sum of money." (*Monthly Journal* for May, p. 487.)

Now, to show you the sincerity of my belief, let me put this same proposition in another shape: I will, if you will allow me, place five such boxes or packets (each of them containing a line of Shakspeare) in your hands, and in the hands of a small committee of medical men, whom you and I shall conjointly agree upon, and who with you, shall be judges, and make all the necessary arrangements; and I now offer, through you, £500, for the reading of these included five lines by any clairvoyant. Further, as my pen is in my hand, let me name at once, on my part, your fellow-citizens, Dr. Sharpey, Dr. Locock, Dr. Williams, Dr. Todd, and Dr. Carpenter, or any two or more of them, to adjudge the matter with an equal number named by you.

Perhaps you will agree with me in thinking, that in settling a question of this nature, such a test and trial is better than any other five hundred arguments. Yours, etc., J. Y. Simpson.

Queen-street, Edinburgh, Sept. 15, 1851.

P.S. Is it necessary, after the preceding statement, to add, that you are again in error in reference to the miscalled "Mesmeric soirées". The object of the experiments comprised in this designation is to show, that many striking effects can be produced by the influence of the will of an individual, acting on another, independently of any magnetic, Mesmeric, or other supposed agency. These experiments are, therefore, directly and entirely opposed to the so-called doctrines of "Mesmerism".

Homœopathy at Manchester. The following paragraph we quote from the *Manchester Guardian* of September 20. We learn from various sources, that the profession in Manchester is distinguished for its uncompromising opposition, not only to homœopathy, but also to all other forms of unprofessional conduct. The false gloss put on some facts, and the misstatement of others, by the *Guardian*, is worthy of notice. We would also call attention to the great muster of parsons in the list of quack-fanciers. The clergy have always been famous for their support of charlatans. Old Burton wrote, about a century ago—"Many poor country vicars, for want of other means, are driven to their shifts—to turn mountebanks, quacksalvers, and empirics."

The following is the paragraph from the *Manchester Guardian*: "Homœopathic Students and the Medical Colleges. On Thursday morning, a meeting was held at the Homœopathic Institution, Bloom-street, to form a society for the protection of homœopathic students and practitioners against the proceedings of the medical colleges, which have lately refused to grant diplomas to students proposing to adopt the homœopathic practice, or have demanded the return of diplomas already granted, by practitioners who have adopted that mode of treatment. There were about thirty gentlemen present, and the chair was taken by Mr. W. R. Johnson. Mr. Phillips, M.R.C.S., in explaining the reason for which the meeting had been called, said that homœopathy first came prominently before the public in 1844, when Dr. Henderson, a professor of the University of Edinburgh, was led to investigate it, in order that he might be able to expose its fallacy. Instead, however, of finding it a system of quackery, as he had expected, he became convinced of its truth. About the beginning of the present year, the College of Physicians of Edinburgh, spurred on by the *Lancet*, a paper noted for the abusiveness of its language, had passed resolutions condemnatory of the practice of homœopathy. The University of St. Andrew's, too, stirred up by the same journal, had appeared in the field. Dr. Hale, of Norwich, had passed his examination, and received a degree from that university. By and bye, it came to the knowledge of some members of the university that Dr. Hale was practising homœopathy, and the return of his diploma was demanded by the senate. Dr. Hale did not return his diploma; but the ill-feeling excited against him by other professional men in Norwich, had compelled him to leave that town. The next case was that of Mr. Pope, who applied in April or May last for a degree from the University of Edinburgh. He had passed his examination with credit, when he was asked by Dr. Christison whether it was true that he intended to practise homœopathy. Mr. Pope replied that he intended to investigate that mode of practice, as he was not convinced whether it was or was not based on true science. His degree was refused to him, unless he became convinced of the falsehood of homœopathy. The *Lancet* had also succeeded in causing steps to be taken against homœopathy, which more immediately concerned the practitioners of Manchester. Within the last week or two, the Provincial Medical Society had passed resolutions condemnatory of the practice of homœopathy, and the surgeons had adopted them within the last week. The Medico-ethical Society of Manchester, too, had enlisted themselves in the cause, having addressed a memorial to the council of the Royal College of Surgeons, praying that the names of all members practising homœopathy, should be at once erased from the lists of the College. Under these circumstances, the homœopathic practitioners of Manchester thought that it was time that something should be done, and that they should protest against the steps taken to put them down. He moved—

"'That this meeting views with regret the course adopted by the colleges and other bodies to put down homœopathy, and denies and protests against the right of any corporate body or association constituting but a minority of the medical profession, to dictate to others what course of treatment should be adopted in their practice.'

"Mr. W. Armitage seconded the resolution, contending that, if there were free trade in food, there ought also to be free trade in physic.—The Rev. Mr. Durnford supported the resolution, which was unanimously agreed to.—Dr. Walker contended that homœopathists must obtain a royal charter or a legal enactment to put them on a level in the eyes of the public with their allopathic enemies. He moved—

"'That the course pursued by the universities, etc., towards homœopathic practitioners and students of medicine leaves them no other means of redress than the seeking to obtain a charter of incorporation of a college, which shall be empowered to confer degrees, and grant licenses to practise medicine.' It was seconded by Mr. Henry Dixon, and unanimously adopted.—Mr. W. P. Harrison, M.R.C.S.E., characterised the proceedings of the medical colleges as arbitrary and tyrannical, and moved—

'"That a branch of the General Association for the protection of Homœopathic Students and Practitioners be herewith organised, and that the following gentlemen be requested to act as a committee, with power to add to their number:—Mr. E. Phillips, M.R.C.S., chairman of committee; Dr. Robert Walker, L.R.C.S., Ed.; Dr. J. M'Dowall; Mr. W. P. Harrison, M.R.C.S.L.A.C.; Mr. W. Scholefield, M.R.C.S.; Mr. C. C. Tuckey, M.B.M.R.C.S.J.; Dr. Knowles, Mr. A. Pope, Mr. W. R. Johnson, Mr. G. Wildes, Rev. R. Durnford, Rev. Canon Slade, Rev. R. Fletcher, Ald. J. J. Parker, Rev. J. Gwyther, Rev. C. F. Smith, Rev. A. A. Bagshawe, Mr. W. M'Call.' Mr. C. C. Tuckey seconded the resolution.—The chairman, in putting it, stated that an association had been formed in London for the purpose of taking up this question in a firm and proper manner, which would no doubt terminate in the obtaining of a charter for a college, and that the society to be formed here was intended to act in conjunction with it. The resolution was unanimously agreed to, after which thanks were voted to the chairman, and the proceedings terminated."

[The steps now being taken to purge the medical profession from impostors, may probably give temporary buoyancy to quackery by the pretext which it affords for the raising of a mock cry of "persecution"; but let us remember that the question with us as honest men is, *not one of policy but of principle;* and that we must, at all hazards, make it impossible for the public to confound regular practitioners with quacks, even though disguised by diplomas obtained or retained by illegitimate means. Ed. Lond. J. Med.]

Homœopathy in High Places. It appears that Sir James Clark and Dr. Locock, (like many other orthodox physicians,) prescribe belladonna as a prophylactic against scarlet fever:—not, however, in infinitesimal doses. This proceeding, the *Lancet* states, is exulted in—why we know not—by one of the quack publications. There is a statement, however, quoted by the *Lancet* from the same quack paper, which, if true, is more important. We are quite aware of the culpable laxity which has prevailed regarding meeting with homœopaths; and, therefore, it is quite necessary for "those in high places" to state at least what they intend to do for the future. Even in Edinburgh, where homœopathic quacks cannot now be met professionally by Fellows of the Colleges, it was not always so. The following is the passage referred to: "The two eminent physicians (Sir James Clark and Dr. Locock) mentioned by our correspondent, have distinguished themselves by their gentlemanly forbearance, and their courteous demeanour towards their homœopathic brethren. Neither of them has ever made any difficulty of meeting in consultation, at the request of the patient, any homœopathic practitioner, not for the treatment, but for an opinion of disease."

The Branding of Deserters. We observe by a memorandum issued by the Horse Guards, dated August 19th, and published in *The Times*, that the medical officers are ordered in future to brand deserters with the letter D. This degrading service has hitherto been performed by the drummers. We trust no army surgeon will be so mean as to obey. No office is humi-

liating if performed in the cause of humanity; but the branding of deserters is evidently the execution of a savage sentence, which is quite incompatable with the character of a gentleman, and with the honour of our profession.

The Jenner Monument Committee. We are glad to learn that the Committee is now formed, and ready to receive subscriptions. The names, we understand, will be immediately published. In the mean time, it may interest our readers to learn that numerous additional letters of approval and adhesion have been received.[1] Had space permitted, we should have laid several of these interesting communications before our readers, as they have been kindly forwarded to us for that purpose: but in the present state of our pages, already so much occupied with matters of general intelligence, we are obliged at present to select one only from the many now before us.

Letter from Dr. Knox, *of Strangford, Ireland.*

Strangford, Downshire, Ireland, July 17, 1851.

Sir,—I feel much obliged by your application, and in reply beg leave to say, that I shall esteem it a great honour to have my name added to the list of the Committee, who are so laudably engaged in the attempt to raise a memorial worthy of the subject, to the memory of the great and good Dr. Jenner. At the same time, I may be pardoned for saying that it is little creditable to the age we live in, that this task yet remains to be performed.

No man, living or dead, has probably ever conferred a boon so inestimable and universal on suffering humanity; and the object the Committee have in view, surely requires nothing but sufficient publicity, to ensure its entire success. But, besides discharging a heavy debt of gratitude to Jenner's memory, the contemplated movement will, I trust, have the effect of directing anew the public attention to the great and unquestionable value of vaccination. Having in very recent times attempted, however feebly, to defend the doctrines of Jenner against objections, which appeared to me neither very wise nor very forcible, I indulge the hope that a renewed impetus may be given, by the plan the Committee have in view, to the practice of vaccination, which I ardently desire to see, not in partial, but in universal operation. When this shall have been effected, and not till then, shall we have the means of duly estimating what Jenner has done for mankind: and if the result should not be, as in the ardour of his benevolence he anticipated, to eradicate small-pox from the face of the earth, I feel pretty confident in stating, it will become more and more evident that his great discovery will form the best attainable safeguard against the horrors of that loathsome disease, and demonstrate anew the just claims of his memory to the gratitude and respect of the whole human race.

I have the honour to be, very faithfully yours,

E. V. Irving, Esq. Alexander Knox.

Dr. Mayne's Expository Lexicon. Dr. R. G. Mayne, of Leeds, has issued the prospectus of a work to be entitled, *An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science; including a complete Medical and Medico-Legal Vocabulary.* From the specimen which we have received, and a portion of which we reprint, we perceive that Dr. Mayne has performed his task in a most luminous and scholarly manner. He presents the correct pronunciation, derivation, definition, and application of the names, analogues, synonymes, and phrases connected with medicine, and employed in Anatomy, Astronomy, Botany, Chemistry, Comparative Anatomy, Conchology, Crystallography, Entomology, Geography, Geology, Geometry, Ichthyology, Materia Medica, Medical Jurisprudence, etc., etc. Dr. Mayne announces that *his work is complete, and ready to go to press whenever the names of two hundred and fifty subscribers are obtained.* It is proposed to bring out the *Lexicon* in two forms; viz. 1. In six quarterly parts, the first to appear one month after this list shall be closed: 2. In one thick 8vo. volume, bound in cloth, price £1 10s.

[1] For copies of some of these letters *vide* London Journ. of Med. July 1851.

When we contemplate the immense labour which Dr. Mayne has so successfully bestowed upon the preparation of this great work, and when we remember that there is no similar work in our language, we do trust that many who read the lines we are now writing, will without delay place their names on Dr. Mayne's list of subscribers, which they can do at Churchill's in London, or by addressing the author at Leeds. We would recommend book-clubs to take it in. A number of individuals would thus have the benefit of perusing it as it appeared in parts; and some one would doubtless at the end of the year be glad to buy it from the club at the usual reduced rate. We would also suggest that Dr. Mayne might be materially assisted by his professional brethren, were they to mention the character of the work to clergymen, coroners, and naturalists, and others for whom it is also particularly adapted.

The following is a portion of one column of the specimen.

ABDOMEN, *ĭnis.* n. (*Abdo*, to hide; because the abdominal viscera are hidden within its cavity.) *Anat.* Name for the largest cavity of the human body; the belly or abdomen. *Comp. Anat.* Applied to the same region in the lower animals. Also termed *Venter.* See *Imus Venter*, *Mirach*, *Nadys*, *Sumen.*

NOTE.—In some dictionaries, *omentum* is added as a part of the derivation, to account for the last syllable of this word. The suggestion originated with Martinius, it is supposed, but was long ago shewn to be erroneous, that syllable being merely a termination of frequent use in the Latin, as *acumen*, from *acuo*; *foramen*, from *foro*, etc.

ABDOM'INAL. (*Abdōmen*, the belly.) *Anat.* Of, or belonging to, or in some manner connected with the abdomen or belly; ventral. *Abdōmĭnālis, is, e.*

ABDOM'INAL AOR'TA. *Anat.* Term for that portion of the aorta situated below the diaphragm.

ABDOM'INAL APONEURO'SIS. *Anat.* Term for the conjoined tendons of the Oblique and Transverse muscles on the anterior portion of the abdomen or belly.

ABDOM'INAL GAN'GLIA. *Anat.* A name for the semilunar ganglia, from their situation.

ABDOM'INAL RING. *Anat.* Term for the fancied ring-like opening on each side of the abdomen, external and superior to the *pubes*, formed by the separation of the tendinous fibres of the lower portion of the external oblique muscle; transmitting, in the male, the spermatic cord, and in the female, the round ligament. *Annŭlus Abdōmĭnis.*

ABDŌMĬNĀLES. See *Abdominalis.*

ABDOMĬNĀLIS, *is, e.* (*Abdōmen*, the belly.) *Ichthyol.* Of or belonging to the belly or abdomen; ventral; applied to an Order (*Abdominales.* Nom. pl. f.) of fishes which have the ventral fins suspended to the under part of the abdomen, and behind the pectorals, without being attached to the bones of the shoulder: abdom'inal.

ABDOMINOS'COPY. (*Abdōmen*, the belly; *σκοπέω*, to observe.) *Med.* Term for the operation or mode of ascertaining the existence of abdominal disease by percussion mediate or immediate, by inspection, measurement, and manual examination. *Abdōmĭnoscōpia, æ.* f.

The Glascow Faculty and Insurance Companies. The following resolutions were adopted at a meeting of the Faculty of Physicians and Surgeons of Glasgow, held upon the 1st of September, 1851, in reference to the payment of fees to medical referees by Life Assurance Companies.

I. That this Faculty has long maintained the principle, that medical referees, the ordinary attendants of the parties desiring life assurance, ought to be suitably remunerated for their trouble in replying to the usual queries on behalf of the assuring companies; and that the parties granting the assurance ought to pay this fee, as it is obviously for their safety and guidance that such information is afforded.

II. That in conformity with these views, the Faculty, so long ago as 1st June, 1835, passed a law, requiring every member of their body to refuse replying to these queries unless a specified fee were transmitted alongst with the schedule, and this law has, from that time, been steadily adhered to and acted upon.

III. That in carrying out the above views, the Faculty regret being obliged to record, that till of late, with a few honourable exceptions, they have met with the most uncompromising opposition from the Insurance Companies, especially those of more early establishment; and although, within the last two years, several even of these have made a movement in the right direction, yet this has been so long deferred, and so obviously only a yielding to the pressure of circumstances, as to deprive the concession of much of its value.

IV. In this position of affairs, it has given the Faculty much pleasure to observe some of the more recently established Insurance Companies, not only frankly acknowledging the justice of the principle so long contended for, but spontaneously offering a liberal compensation to the members of the medical profession for the very valuable information and opinions it is not unfrequently in their power to afford; and to such companies the Faculty beg, in this public manner, to offer their best thanks.

V. The Faculty also take this opportunity of recording the sense they entertain of the important services done to the profession, in this matter of remuneration to private referees, by the editors of the *Lancet*, the *Medical Gazette*, and *Medical Times*, to whose intelligent and steady advocacy, they are aware, they mainly owe whatever favourable change that may have taken place in the conduct of the Assurance Companies towards the profession.

VI. The Faculty beg also to state, that whilst in 1835, in their anxiety to have the principle of remuneration established, they were indifferent as to the actual amount conceded; they now feel called upon, in justice to themselves, to intimate to the agents of all Assurance Companies, that the Fellows of their body will not, in time coming, pay attention to any schedule of queries submitted to them with a reference to any species of life assurance, unless such schedule of inquiry be accompanied by the fee of One Guinea, if the sum proposed to be insured exceeds £300, and 10s. 6d. if the sum is £300 or under.

VII. The Faculty order these resolutions to be printed, and copies sent to the editors of the London and Provincial Medical Press, to the agents of the various Insurance Companies, and to the presidents of the Royal Colleges of Edinburgh, and the other medical corporations throughout the kingdom, inviting their concurrence and cooperation.

Extracted from the Records of Faculty, by Laurence Hill, Clerk.

THE NAIRN HOSPITAL. We have much pleasure in inserting the following letter.

To the Editor of the LONDON JOURNAL OF MEDICINE.

Nairn, September 3rd, 1851.

SIR,—Your valuable articles on the Hospitals of London induce me to hope that you may consider the following communication worthy of insertion in your Journal.

THE NAIRN TOWN AND COUNTY HOSPITAL receives the invalided poor (medical and surgical cases) of the small town and county of Nairn: it has already proved a blessing to many. It is the first unendowed charity of the kind which has been established in so comparatively poor and limited a district of Scotland. It is upheld entirely by voluntary subscriptions, collections made in churches, donations of the charitable, and bequests. The history and progress of this hospital are interesting, and show how much good may be done by the perseverance and well-directed energies of a few. I would hope that the example will not be lost in places similarly, or more favourably situated, and equally destitute of the means of relief and comfort to the poor when on the bed of sickness and suffering.

The town of Nairn, with its population of 3,000, in the winter of the year 1842-3, was visited with a very fatal and infectious fever, prevailing principally, as usual, amongst the poor and labouring classes, and much in proportion to their wants, their visits and exertions towards their sick friends and neighbours, and their depraved habits of life: it was then that the idea of a small hospital for the town and county suggested itself, for general purposes; and more particularly as a provision for the recurrence of any similar epidemic. The scheme, however, was considered Utopian by most of the inhabitants, on account of the confined and comparatively poor state of the town and district. Such difficulties, however, did not daunt an energetic and persevering few, whose praiseworthy exertions in due time were crowned with success. They had ere long the gratification to behold the foundation laid of a chaste building, in the Italian style of architecture, capable of containing some thirty-two patients; and on the 12th of August, 1847, it was opened for the reception of patients.

Nairnshire was for many years deeply indebted to the Northern Infirmary at Inverness, for the almost gratuitous admission of her sick poor; and I would here reiterate the generally expressed opinion of the usefulness of this institution, whose benefits extend, not only over the town and county of Inverness, with her far-distant isles, but over the vast counties of Ross, Sutherland, and Caithness. In the above-mentioned emergency at Nairn, and in acute cases generally, the distance of sixteen miles proved often a barrier to the removal to Inverness of our sick poor; and it is a deep cause of thankfulness to them, and an advantage to the community at large, that an asylum is now open, where the sick poor can have every comfort and assistance that they require.

The plan, drawings, and specifications, were given by Messrs. Mackenzie and Matthews, architects, of Aberdeen and Elgin. The plan has been much commended by competent judges, as chaste in style, economical in execution, and most comfortable and commodious in internal arrangement; in fine, a model for a small hospital. Should any party be wishful for the plans, or information regarding them, the Treasurer of the Hospital will be happy to furnish them; and should this communication meet the eye of friends at a distance, or those favourable to the furtherance of this novel and laudable experiment, they may rely on the smallest donation being thankfully received and acknowledged. I am, Sir, your obedient servant,

JOHN GRIGOR, M.D.

[If Dr. Grigor will kindly furnish us with the plan of his Hospital, and a statement of the expense of building and maintaining it, we will be happy to lay them before our readers.]

OBITUARY.

Badeley, J. C., M.D., Fellow of the Royal College of Physicians of London, Visiting Inspector of the Essex Lunatic Asylums, on the 22nd September, at his residence in Chelmsford. The circumstances of Dr. Badeley's death are very distressing; and they likewise point out how wrong it is for any one under the influence of pain, to handle dangerous drugs, or to mix a dose, when a slight error may cause a fatal result. We have seen more than one narrow escape, under circumstances precisely similar to those which occurred in this melancholy case. It appears that, in order to relieve a severe attack of tooth-ache, the deceased prepared for himself, and took, a dose of morphia, about 4 A.M. on Monday, 22nd September. Symptoms of narcotic poisoning appeared, and he died at 1 P.M., about nine hours after the accident. Dr. Badeley was widely known, and much respected.

Briggs, William, M.D., late of Ambleside, formerly of Liverpool, and also of Kendal, at Cheltenham, on the 18th September.

Briscoe, Dr., of the 59th Regiment, at midnight on the 22nd July, in consequence of the wreck of the *Pasha*, one of the Oriental Steam Navigation Company's fleet, which, by some as yet unexplained blundering, was allowed to come into collision with another steamer. Both vessels had signalled each other when several miles distant.

Budd, Thomas P., Esq., Surgeon, formerly of Newton Abbot, at Burra, Adelaide, South Australia, on the 7th April, aged 31.

Faithorn, John, M.D., of 14, Grosvenor Place, Bath, on 18th August, aged 78.

Gibson, John, Esq., Surgeon, and formerly Provost of Lanark, N.B., at 25, Bloomgate Street, Lanark, on the 8th September.

Kidd, John, M.D., at his residence, Oxford, on the 17th of September, after a few hours' illness. Dr. Kidd was Regius Professor of Medicine, Tomline's Prælector of Anatomy, Aldrichian Professor of Anatomy, and Radcliffe's Librarian. He was highly esteemed and respected, both in the University and city of Oxford. In 1809, being then a student of Christ Church, Dr. Kidd took the degree of M.A.; in 1801, that of Bachelor of Medicine; and in 1804, he proceeded to the degree of Doctor of Medicine. In 1822, Dr. Kidd succeeded Sir Christopher Pegge, Bart., in the office of Regius Professor of Medicine, to which is annexed Tomline's Prælectorship of Anatomy and the Aldrichian Professorship of Anatomy; and in 1834, he succeeded Dr. Williams as Radcliffe's Librarian. The election of a successor to the latter office rests with the Archbishop of Canterbury, the Lord Chancellor, the Chancellor of the University, the Bishops of London and Winchester, the two principal Secretaries of State, the two Chief Justices, and the Master of the Rolls. Dr. Kidd did good service in his time, as his publications testify, in various departments of mineralogical, chemical, and geological research; and about ten years ago—his last appearance, we believe, as an author—he put forth some observations on medical reform. Dr. Kidd was one of the eminent men selected under the Earl of Bridgewater's will to write one of the well-known Bridgewater Treatises; a work which, we believe, has gone through several editions.

White, Joseph, M.D., late of Banff, N.B., at Montreal, on the 8th July, aged 70. The deceased practised in the town of Banff for nearly thirty years, after having served as Assistant and Full Surgeon in the Navy, having been promoted after only three years' service. In Banff, he acquired considerable local celebrity as an accoucheur. He emigrated to Lower Canada in 1835, and settled at Huntingdon, Goodmanchester, county of Beauharnois.

Wright, Richard, Esq., Surgeon, Rotherhithe, on the 1st August, aged 79.

BOOKS RECEIVED.

Adams on the Prostate Gland. pp. 160. London: 1851. Bascome on Epidemic Pestilences. pp. 250. London: 1851. Milton on Bubo. [*Printed for private distribution.*] pp. 32. London: 1851. Roth on Movements. 8vo., pp. 302. London: 1851. Verral on the Spine and Paralysis. pp. 234. London: 1851.

TO CORRESPONDENTS.

Our thanks are due to unknown friends for the *Manchester Guardian* and the *Brighton Herald*, as well as for several pamphlets on quackery.